

A Taste of Patience

مذاق الصبر

Mohamed Eid Al-Araimi

Translated by Muhammad Wafa



IN THE NAME OF

ALLAH

THE ALL-COMPASSIONATE, ALL-MERCIFUL



A Taste of Patience

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PRONUNCIATION AND TRANSLITERATION CHART

Arabic script	Pronunciation	Transliterated form
أ	short 'a', as in <i>cat</i>	a
آ - إ	longer 'a', as in <i>cab</i> (not as in <i>cake</i>)	â
ب	/b/ as in <i>bell</i> , <i>rubber</i> and <i>tab</i>	b
ت	/t/ as in <i>tap</i> , <i>mustard</i> and <i>sit</i>	t
ة	takes the sound of the preceding diacritical mark sometimes ending in h (when in pausal form): ah, ih or ooh; or atu(n), ati(n) or ata(n) when uninterrupted	h or t (when followed by another Arabic word)
ث	/th/ as in <i>thing</i> , <i>maths</i> and <i>wealth</i>	th
ج	/j/ as in <i>jam</i> , <i>ajar</i> and <i>age</i>	j
ح	a 'harsher' sound than the English initial /h/, and may occur medially and in word-final position as well	ḥ
خ	as in <i>Bach</i> (in German); may occur initially and medially as well	kh
د	/d/ as in <i>do</i> , <i>muddy</i> and <i>red</i>	d
ذ	as in <i>this</i> , <i>father</i> and <i>smooth</i>	dh
ر	/r/ as in <i>raw</i> , <i>arid</i> and <i>war</i> ; may also be a rolled 'r', as pronounced in Spanish	r
ز	/z/ as in <i>zoo</i> , <i>easy</i> and <i>gaze</i>	z

Arabic script	Pronunciation	Transliterated form
س	/s/ as in <i>so</i> , <i>messy</i> and <i>grass</i>	s
ش	as in <i>ship</i> , <i>ashes</i> and <i>rush</i>	sh
ص	no close equivalent in English, but may be approximated by pronouncing it as /sw/ or /s/ farther back in the mouth	ṣ
ض	no close equivalent in English, but may be approximated by pronouncing it as /d/ farther back in the mouth	ḍ
ط	no close equivalent in English, but may be approximated by pronouncing it as /t/ farther back in the mouth	t
ظ	no close equivalent in English, but may be approximated by pronouncing 'the' farther back in the mouth	ḏh
ع	no close equivalent in English: a guttural sound in the back of the throat	ʿ
غ	no close equivalent in English, but may be closely approximated by pronouncing it like the French /r/ in 'rouge'	gh
ف	/f/ as in <i>fill</i> , <i>effort</i> and <i>muff</i>	f
ق	no close equivalent in English, but may be approximated by pronouncing it as /k/ farther back in the mouth	q
ك	/k/ as in <i>king</i> , <i>buckle</i> and <i>tack</i>	k
ل	/l/ as in <i>lap</i> , <i>halo</i> ; in the word Allah, it becomes velarized as in <i>ball</i>	l

Arabic script	Pronunciation	Transliterated form
م	/m/ as in <i>men</i> , <i>simple</i> and <i>ram</i>	m
ن	/n/ as in <i>net</i> , <i>ant</i> and <i>can</i>	n
هـ - و - ا	/h/ as in <i>hat</i> ; unlike /h/ in English, in Arabic /h/ is pronounced in medial and word-final positions as well	h
و	as in <i>wet</i> and <i>away</i>	w
و	long 'u', as in <i>boot</i> and <i>too</i>	oo
ي	as in <i>yard</i> and <i>mayo</i>	y
ي	long 'e', as in <i>eat</i> , <i>beef</i> and <i>see</i>	ee
ء	glottal stop: may be closely approximated by pronouncing it like 't' in the Cockney English pronunciation of <i>butter</i> : <i>bu'er</i> , or the stop sound in <i>uh-oh</i> !	(omitted in initial position)

Diphthongs

Arabic script	Pronunciation	Transliterated form
أو، وَاو	long 'o', as in <i>owe</i> , <i>boat</i> and <i>go</i>	au, aw
أي، يَاي	long 'a', as in <i>aid</i> , <i>rain</i> and <i>say</i>	ay, ai, ei

Diacritical marks (tashkeel)

Name of mark	Pronunciation	Transliterated form
◌َ fathah	very short 'a' or schwa (unstressed vowel)	a
◌ِ kasrah	shorter version of ee or schwa (unstressed vowel)	i
◌ُ dammah	shorter version of oo	u

Diacritical marks (tashkeel)

◌◌◌ shaddah	a doubled consonant is stressed in the word, and the length of the sound is also doubled	double letter
◌◌◌ sukoon	no vowel sound between consonants or at the end of a word	absence of vowel

ARABIC HONORIFIC SYMBOLS USED IN THIS BOOK

(ﷲ): *Subhânahu wa Ta'âlâ* – Glorified and Exalted is He

(ﷺ): *ṣalla Allâhu 'alayhi wa sallam* – blessings and peace be upon him

(ﷺ): *'alayhi as-salâm* – peace be upon him

(ﷻ): *raḍiya Allâhu 'anhû* – may Allah be pleased with him

(ﷻ): *raḍiya Allâhu 'anhâ* – may Allah be pleased with her

ABOUT THE WORD *LORD*

The word *lord* in English has several related meanings. The original meaning is 'master' or 'ruler', and in this sense it is often used to refer to human beings: 'the *lord* of the mansion' or 'Lord So-and-So' (in the United Kingdom, for example). The word *Lord* with a capital L is used in the lexicon of Islam to refer to the One and Only God – Allah. In Islam, there is no ambiguity about the meaning of this word. While it is true that one may occasionally use the word *lord* (whether capitalized or not) to refer to a human being, in Islamic discourse the reference of this term is always clear from the context. Whereas for Christians, Hindus and other polytheists, the word *Lord* with a capital L may refer to Allah, to Jesus or to some imagined deity, for Muslims, there can be no plurality of meaning. Allah alone is the Lord, and the Lord is Allah – not Jesus, not Rama, not any other being.

The Editor

Muhammad Abdul Muhaimin, M. Fawaz
Managing Director
International Islamic Publishing House
Kuala Lumpur, Malaysia

PUBLISHER'S NOTE

by Dr. Muhammad al-Dhahab

All praise and thanks belong to Allah alone, the One, the Almighty and All-Merciful. Blessings and peace be upon Prophet Muhammad, the last of His Messengers and Prophets, and upon his family, his Companions and all those who follow in his footsteps until the end of time.

Allah tells us numerous times in the Qur'an that we will be tested with hardships and calamities, and one of the pillars of the Islamic creed is belief in divine predestination, the good and the bad of it. We know that Allah has decreed all that happens to us, and that we must accept it and be patient and steadfast in the face of adversity. Actually putting this belief into practice is not always easy, though.

A Taste of Patience is not merely an abstract treatise on patience. On the contrary, it is a frank account by Mohamed Eid al-Araimi of his debilitating accident and its effects on every aspect of his life and the lives of those close to him. By the mercy of Allah, he learned to cope with the pain – both physical and emotional – and adapt to his physical limitations, eventually becoming stronger and more confident. This story of his struggles, his hopes and fears, and his courage and perseverance is an inspiration to all of us.

May Allah accept the efforts of all those who contributed to the production of this book, and may it be acceptable to Him, *âmeen*.

Muhammad Abdul Mohsin Al-Tuwaijri
Managing Director,
International Islamic Publishing House,
Riyadh, Saudi Arabia

PUBLISHER'S NOTE

Dedication

I dedicate this book to my mother, whose ceaselessly flowing love has always been my silver lining during the cloudy journey I have travelled.

FOREWORD

by Dr. Muhammad al-Dhahab

While penning the foreword for the first Arabic edition of *A Taste of Patience*, it was my intention to commend the work of its author and testify that he is truly the epitome of patience. I did not wish to critically analyse the text.

While preparing the foreword for the third edition of the same book, I would like to tell my friend Mohamed Eid that the success of his book has contributed not just to the 'topic of privacy', as he always says. It is an attempt to implant human values in the souls of the generations of the future, on whom the sun will shine freely in a society that guarantees justice, freedom and dignity for all.

In spite of feeling very honoured and overwhelmingly happy upon being asked, I hesitated when my dear friend Mohamed Eid requested that I write the foreword for his biography. I must insist that this book needs no formal introduction. It is a biography that independently introduces itself; since it narrates the particular human experience of an individual, it is essential that others try to grasp its depth and reach its essence. I feel that one who introduces such a work must have a deeper experience than the author, or must be a man of letters, a reputable critic or a professional scientist, well-versed in the sciences of novels and biographies. I do not possess the aforementioned characteristics. The only relation that I have with fine arts is through books – in that they leave a lasting impact on me.

Consequently, I hope that my friend will accept my profound regret at my inability to write an introduction for his book. If he so wishes, he may use these words as my humble acknowledgement of his effort; that is his right. These words reveal the underlying gratitude of his friends towards him for allowing us to rummage through his papers and disinter some of his grievances and anguishes.

A long time ago, I appealed to a very few of my friends to write their autobiographies. I believed that they had specific experiences, in different fields, which deserved to be written about and widely read. It is imperative that they are recorded and formally documented, because it is the right of our generation and forthcoming generations to read about and get acquainted with such experiences.

Academics and specialists who are interested in history, a nation's experiences, and human practice in general, will find abundant references of great significance in these stories. On the one hand, they will have an excellent resource to aid in their studies and research; on the other hand, they can delve deep into these resources to discern the genuine experiences of people at a particular time in history. Thoughtful readers will enjoy reading such pieces of work, which will constitute their folk tales, the roots of which can be traced back half a century. The works currently in existence comprise an important segment of our country's modern history.

My memory overflows with the various experiences of my friends pertaining to such diverse topics as expatriation, longing, challenges and sacrifice to provide a better future for the next generations. I strongly feel that it is not justifiable for my friends to limit this treasure trove of knowledge and life experiences to their own memories, or to expect us – as their friends – to know and relive the memories of these fascinating stories. Time has its restrictions. It steals the age of humans before they have had a chance to fully

live their time; it often does not grant them a respite to document their memories and experiences, whether pleasant or bitter.

I am certain that some of those friends, including the author of this biography, have gone through a range of events that are deeper and more credible than the experiences found frequently in contemporary novels and biographies. Accordingly, the nation's experiences, reflected through the recollections of its citizens, must not be monopolised by proprietors or materialistic individuals. They should be preserved as the public property of all of us: natives, Omani and Arabic readers, and all those who are anxious to learn about the essence of our homeland and the experiences of its people, historical and contemporary. These experiences deserve to be formally recorded and documented for the future.

Although contemporary Omani writers and authors have not attempted the art of writing biographies, the world of literature has witnessed our nation's history and its people's chronicles. Native, Arabic and foreign writers and historians have undertaken the mission of documenting the history of Oman and the chronicles of its people. The name of the respected Palestinian writer, Ghassan Kafani, deserves special mention. He was one of the Arabic writers and novelists who shared with the Omani people the pain of expatriation and the longing and hope to attain their homeland. He portrayed the true agony of an immigrant, craving warmth and hoping for gaiety. Forty years ago, he addressed this in a collection of short stories, which has been translated into English as *Death of Bed No. 12*.

The experience of Mohamed Eid is very unique, and this is what makes his work worth reading. It is enriched with conflicting human attitudes and feelings; love fills the heart with fragrance, and sacrifice comes to the forefront. He wrote his biography in one book, so that he could describe all that he went through and reflect on it in detail. In this book, he has deliberately attempted to

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minimize the excessive pain, which he has borne for no less than two decades, and the longstanding patience that he has continued to exercise. He was stingy about revealing finer details and disclosing deeply-buried secrets, but everything that he has chosen to share with the readers has been expressed beautifully. His choice of words has produced sentences resembling poetic or musical symphonies. They have had a profound effect on us, leaving us with no choice but to love them as we love him.

On the other side of this inspiring tale, however, there lies a mountain of agony, suffering, sorrow and acrimony that he keeps hidden from everyone, regardless of how close they are to him. These feelings can only be discerned by those who are extremely sensitive to human emotions.

We, his friends, relatives and neighbours, have never felt the depth of his internal sadness although we have known him for a long time. This is probably because of the persistent smile that rarely leaves his face. His vitality and consistent animation reveal nothing of his suffering or annoyances to the visitors who flock to see him daily. Yes, he is above misery and torture. From him, we have learned how to overcome and conquer our own depression and pain. He continues to inspire us in different ways. In fact, tea or coffee never tastes better than when we drink it at his house, or at least in his company!

Whenever we get irritated by life's ups and downs, or depressed by news coming out of the Middle East or the world at large, we visit him. One glance at him and one word preceded by a welcoming, sincere smile, full of optimism, encourages us to converse about other topics. We sail together into a lovely world, very far from restlessness and despair; it is the world of tomorrow, comprising our ideals and dreams for the future.

It is commendable that he has no time for levity; he spends his time reading books, writing articles or conversing with friends.

He stays busy with his computer, works on translation (which he learned after the accident), surfs the Internet, watches a new movie or goes to the hospital for routine check-ups and treatment. He explains the treatment he is going through without any embarrassment. He talks to me with as much spontaneity as a child; he is in a race with time. Still, he will argue with you that levity is important in life, for it has a profound effect on humans and the human soul.

In this day and age, very few people live in or near the mountains; they cannot rest but on the peaks. Out of those who can see through the darkness at these peaks is my friend Mohamed Eid.

In addition to thinking and passion, what connects us is that we are both sons of Sur, the Omani city that has been beautifully depicted by my friend. He has represented it in a literary and descriptive style. The aesthetic images he has painted in words make it seem more imaginative than realistic; however, the beauty of Sur is very real. The sons of coastal cities usually distinguish themselves from others by their love of the sea with its salty taste, their fancy of travel and adventure, their brave spirit, their curiosity to explore the mysterious, their non-stop race with time, and their anticipation of the future. Yet they are unpretentious in their ways and in dealing with others. They display happiness, cheerfulness and smiling lips. They are spontaneous when they talk, heedless of the reality or the shortness of time and what it will bring about for them. This is because they believe that the time of which they dream is not the present. Rather, it is the future: their own future and that of the upcoming generations. Have you ever seen a mariner sailing and paddling towards the rear? Have you witnessed a ship sailing backwards? Have you seen a ship captain putting a telescope to his eyes while standing below deck? The captain is always in the lead; he stands proudly on the deck. It is their fate; they are destined.

All these characteristics apply to the citizens of Sur, who are influenced by the location of their city and its eternal relationship with the sea. These traits are manifest in the sons of this city in one form or another. Our friend, the author of this biography, has taken the initiative to describe them in a creative and attractive manner, documenting their style of living and mannerisms, encompassing their way of reading, walking, bearing pain, reacting to happiness and exercising continuous patience. He has expressed all of these sincerely. His perception and unbroken smile are reflected in his writing. He writes with a firm pen, without any hesitation; ambiguity has no place in his vocabulary. His writing is very clear, reflecting real human experience. He lives his day and writes about it.

This is my friend. I am very proud to have such a companion, and I thrive on this friendship. I call on all the readers to approach this work with the delight of recognising such modest people, who just want to give and who are living examples of exercising patience in the face of adversity.

Muhammad al-Dhahab

FOREWORD

*by Al-Zaki 'Abdul-Hâmid,
Critic and Writer from Sudan*

This is a story of courage and perseverance in the face of adversity. After suffering a tragic accident in the course of his work, Mohamed al-Araimi discovered creative talents within himself that he previously did not know existed. Over time, the sweet taste of literary success overcame the bitter tears of a suffering body.

Mohamed al-Araimi continues to be hindered by an unresponsive body, but his mind has allowed him to fly into newly discovered realms, which he has shared with countless fans through his literary endeavours.

In this biography, Mohamed al-Araimi shares the story – one that tells people how to excel against the odds.

Al-Zaki 'Abdul-Hâmid

PREFACE

After twenty years of contentious struggle with my disability, and its repercussions on both body and soul, I finally decided that it was time to vent all my feelings. I wanted to let others know what it means for a person to find himself suddenly losing sensation in most of the organs of his body, no longer able even to scratch his nose.

One reason why I put off recording my experiences was because of an inherent fear of recalling the painful details regarding some of the worst days of my life, especially those associated with the first year after my accident. However, my modest ability to articulate this memory, and to crystallise its aspects through a literary form, allowed me to dwell on its features – both bright and gloomy – without being influenced by the pain of personal suffering and consequently deviating from their credibility.

It is well known that writing an autobiography entails recalling the past to some extent, while linking it to the present and the future. The images of my past were painful and gruelling, but despite the anguish of writing, I found that a profound feeling of relief – akin to purification and relaxation – possessed me whenever I penetrated deep into my soul to recall the details of various aspects of my life, especially those of the first few years.

Once you have decided to write your memoirs, you must be willing to expose yourself to others by revealing certain details of your life to a group of strangers. These may include those who sympathise, those who are searching for truth, and those who are eager to discover the secrets of others. On the other hand, the readers

will also include the people who are closest to you, and hence the most capable of affirming the truthfulness of your story.

While writing this text, I repeatedly touched on some very sensitive aspects of my life, aspects that were intertwined with and affected the lives of others. Some of these people are still alive, while others – may Allah (ﷻ) bless their souls – have passed away. To describe these aspects, I had to choose an appropriate method. I could disguise the individuals by using the cover of rhetorical fiction, which neither assures nor denies a fact; I could pick and choose specific details and dwell at length on them only, even if it meant lessening the credibility of the narrative; or I could simply tell the truth, however embarrassing or hurtful.

After giving this matter considerable thought, I decided to be honest and stick to the truth, as long as this honesty would not harm or embarrass anyone apart from myself. As a result, I had to overlook some aspects of my life, which I believe I have no right to talk about.

I would like to clarify here that this work is not my entire life story; it is simply an account of a specific experience in my life. The purpose of disclosing it is not to glorify myself or to claim heroism. My aim is to present an experience that is normal for thousands of people, even if its severity varies from one person to another and from one type of impairment to another.

A Taste of Patience is nothing but a desire to discover the meaning of my experiences. It is an attempt to reveal my experience with disabilities, as well as the various dimensions of illness and casualties. It is also an effort to demonstrate that reconciling oneself to disability does not mean surrendering to its consequences or yielding to its stipulations. Instead, the key is to employ these consequences and conditions in enhancing one's new life.

A Taste of Patience is an endeavour to answer some of the many questions that occur in the minds of a lot of people regarding

disabled persons. They may be relatives who find direct questions painful, or strangers whose eyes are filled with wonder and pity, assuming that a person with disabilities is neither able to endure questions nor willing to answer them. This then is an ideal book for those who hesitate to ask questions to avoid embarrassment.

People with disabilities face discrimination that prevents them from benefiting from the rights enjoyed by other members of society, but writing about this is not meant to beg for pity. It is just a message to draw the attention of others, to invite them to consider the compensatory abilities that are provided to the disabled to help them overcome the malfunction of one or more of their organs. It is a call to reformulate relations with them in a civilised way that is not based on colour, gender or physical challenges. It is also an appeal to provide them with equal opportunities to lead normal lives and to improve their standard of living, giving them the chance to participate in routine life, with all its dimensions, on an equal footing.

Some of those who read or criticise this book attribute my reason for writing it to a need that was generated by the suffering caused by a permanent physical injury. In fact, *A Taste of Patience* (and other modest attempts at writing that preceded or followed it) was not intended to compensate for the impairment of my body. I do not feel any deficiency, and I am not obsessed by the thought of proving myself to others, thus searching for alternatives that might make up for my loss.

I beg the readers' pardon for the brevity of my writing, but I was more concerned with the content than the form. I am not familiar with that level of writing. My objective was to present my experience as I have lived it – with all its various manifestations including moments of joy, pain, hope, happiness, strength and weakness – regardless of the form of the language or its level.

Mohamed Eid al-Araimi
Sur, Oman

ACKNOWLEDGEMENT

I would like to thank Petroleum Development Oman (PDO), without whose continuous support I would not have been able to delve into the realm of creative writing.

CHAPTER I

THE TASTE OF PATIENCE

Suddenly I lost all sensation in my body, except for the area above my shoulders. I could only move my eyes and my mouth; I could not even rub my nose!

Tender was my mother's prayer, full of sublime maternal warmth, signifying motherhood in its widest scope, meaning and glory. My wife bid me farewell with a smile full of emotion that rocked my heart and captured my soul. I was tempted to stay back.

It was one of the darkest nights... The sky was pitch black, bereft of the moon. As I drove my car, I left behind my hometown, the city of Sur. I was heading for Seeb Airport (now Muscat International Airport) to board a Petroleum Development Oman plane en route to the oil fields of Murmul in the Omani desert.

It was to be my last week, ending ten months of training in that remote area of Oman, on the outskirts of the vast desert known as the Empty Quarter.

I had returned from the USA one year before, after five years of study which culminated in my receiving a Bachelor of Science degree in industrial engineering.

Before beginning a new assignment in the Operations department at the company's headquarters in Muscat, I was due for an annual vacation. I would use it to fulfil a promise I had made eleven months ago: a honeymoon that my wife was eagerly awaiting.

Somewhere along the Sur-Muscat road, early at dawn, the first threads of light had just made an appearance, announcing the birth of a new day. It was then that my life reached a turning point. Two camels suddenly began to cross the road about twenty metres away from my car.

Driving at a speed of 100 km/hr, I had a split-second decision to make to avoid disaster: I could swerve to the right and possibly roll over, falling off the road into a valley two metres below; I could pass to the left of the camels and collide head-on with a car coming from the opposite direction, whose light was preventing me from locating its exact position and ascertaining its speed; or I could slam on the brakes and pray humbly to Allah, the Glorified and Exalted, that the car would slow down and stop before colliding with the two frightened creatures in the middle of the road.

I chose the last option. In contrast to my expectations, the car kept sliding and crashed into one of the two camels, hurling it into the air. It landed with its bulky body smashing back through the roof of my car.

When I regained some consciousness, I felt as if my head was separated from my body. My hands let me down as I tried to unfasten the safety belt.

At that moment, I thought of my wife. Her beautiful image crossed my mind upon hearing the melody of one of her favourite songs. This sentimental song was playing on the car's tape player at a hand's reach distance, but it seemed to me as if it was coming from a place that does not exist. The singer was lucidly singing: "My love and I, with both of our hearts, and the morning is our fifth companion."

I cried out loud from deep inside me, "Oh Allah! Bestow your mercy upon me." I prayed, asking Almighty Allah (ﷻ) to shelter me with His blessings and to make this shock an easy one for my

family to bear. I also kept reciting the following verses from the Holy Qur'an:

﴿وَاصْبِرْ وَمَا صَبْرُكَ إِلَّا بِاللَّهِ ...﴾ (سورة النحل: الآية ١٢٧)

«And be patient, [O Muhammad], and your patience is not but through Allah...» (*Qur'an 16: 127*)

The car that had been coming from the opposite direction stopped. While unfastening my safety belt, one of the men told me: "Don't worry, you'll be alright. We'll take you to Ibra hospital, which is close by."

Inside the hospital yard, nurses rushed to my rescue as patients and their attendants milled around. Curious bystanders arrived on the scene, too, forming a circular wall around me with an open dome towards the sky.

Faces, shapes and voices merged together as I opened my eyes. I saw people moving hysterically in all directions. Their voices sounded to me like the bellowing of bulls, and I was totally unable to comprehend what they were saying.

At that time, my state of mind was wavering between consciousness and unconsciousness. Soon I began to lose the ability to concentrate or focus, feeling anesthetised from the neck down, as if my body was being prepared for major surgery.

I have no idea know how much time I spent in this state before I regained some consciousness. I was hardly able to concentrate on an individual who was pressing me for the telephone number of my family in Sur. I tried to answer him, but my tongue betrayed me.

I also replied with much difficulty when a nurse asked me whether I felt his hand pressing on my feet. Afterwards, he said that they could not move me until the doctor, to whom they had made an urgent call, had arrived.

The doctor arrived soon and began to examine my body. He asked for a plastic splint to keep my neck stable.

After he had finished examining me, he told me: "Don't worry; you're going to be alright. You are in need of specialised treatment, so we shall take you to Khoula Hospital in Muscat, where you will find better facilities to render the necessary care for your injury." He asked someone nearby to send for the driver of the ambulance.

I cannot claim that my words right now are depicting exactly what happened on that gloomy day, but I will try to describe the day's events as accurately as possible. I do know that what happened to me during the hours of that day does not differ significantly from what I have mentioned and what I will narrate in the following pages.

I do not recall how much time I spent lying on my back on a stretcher. I was tied down with straps to avoid injuring myself further as the ambulance rushed towards the hospital, making its way on a snaky road, full of zigzags, penetrating the Hajar mountain chain between Ibra and Muscat.

I had travelled on that road weekly during the past nine months, going to and from my worksite in the Omani desert.

Twenty years have passed since that fateful day. Yet even today, I dream of an ambulance moving on a curved road among very black, high mountains like those we passed that day.

When I regained full consciousness at Khoula Hospital, I realised how serious my injury was. I could now see that the upper part of my body was wrapped in a plaster cocoon from the chin to the lower part of my abdomen, with tubes going in and coming out of the lower half.

In Khoula Hospital, the doctor made a preliminary diagnosis of my condition and then requested that I be taken to the X-ray section, after which I was transferred to the orthopaedic ward.

As I started regaining full consciousness, I felt separated from my body, unable to even scratch my nose when it itched.

By mid-day, the ward in which I had been admitted and the adjacent corridor were filled with well-meaning relatives, friends and acquaintances. Some of them came to donate blood or whatever help they could offer, while others simply dropped in to ensure that I was out of danger.

I was conscious most of the time and did not lose my senses. I was able to respond to my visitors' greetings and wishes for a speedy recovery. However, I cannot recall from a shattered memory, moaning under the pressure of injury, all the names and faces of those whom I saw and conversed with on that day. This particular memory is all foggy.

Back in Sur – and I do not know who was behind it – the news spread widely that my injury was very minor and that I would soon come home. Some said that I was expected to be discharged from the hospital the same night. Believing the good news, my wife Fâtimah (from what she told me later) busied herself preparing and furnishing the house in order to receive the well-wishers whom she expected to come visiting to congratulate me for surviving this horrible accident unharmed.

At the hospital, one of my relatives finally realised the severity of my injury when he noticed that I was unable to move my hands and feet, even though they were free of any injuries or fractures. When he asked the doctors about the effect of my injury, and its subsequent ramifications on my future life, he was told that it was premature to give a final diagnosis before three days had passed. In such cases, things were sometimes not as serious as they seemed. It might be merely a nervous shock that had caused temporary dysfunction of the vital organs of the body.

There was no blood, no wound, nothing that required surgery; this contributed to the notion that my injury was only slight.

As it was, the first day of my accident marked an ending to one short chapter of my life, which was rich by all means and dimensions, and which I had lived fully.

CHAPTER 2

CONFUSION AND SHEER AGONY

A new day arrived with its tears, sorrows and fears. I opened my eyes the next morning to see my mother and wife sitting beside my bed. My mother's eyes were blurred with tears that flowed endlessly, and her face was covered with sorrow and grief.

Fâtimah stood looking at me, trying to hide her inner turmoil, anxiety and fear behind a confused smile. As she observed half of my body wrapped in a plaster cast, with intravenous fluids going in and out of the other half, her smile was nothing like the one I had seen on her face the day before when she bid me farewell at dawn.

Although I was feeling very weak, I tried to look as strong as I could, and to appear as if I were steadfast and in full control of myself. Nevertheless, her anxious, disturbed looks broke through my attempts, weakened my resolve, and shattered my self-control.

A teardrop spilled from the eyes of each of us simultaneously, creating what seemed to me to be a thin thread that linked our tears, expressing dismay, fear and anxiety. That moment was so gloomy and loathsome that all I wanted to do was to close my eyes and escape with her from that painful reality to a special world filled with happiness and joy.

Many people came to see me that day: relatives, friends, and some with whom I was barely acquainted. They offered unimaginable love and concern, helping to minimize the trauma for my family by

ensuring a pleasant stay for them in Muscat. Some of them spoke to the hospital management to have me transferred from the ward – which was bustling with patients, hospital staff, and visitors – to a single room.

The third day of the accident was no better than the previous day, and neither were the days that followed. Medically speaking, there was no change or improvement. I had suddenly lost all sensation in all parts of my body except for those above my shoulders. I was only able to move my eyes and my mouth; I was unable even to scratch my nose.

After they heard about the accident, my colleagues and superiors at Petroleum Development Oman (PDO) came to visit me on Saturday. Dr. Harvey, the company's chief medical officer, spared no time and effort to have me transferred to a private room.

Before proceeding with further details about the days following the accident, I must express my heartfelt gratitude to this doctor for his outstanding character, and to my company, which catered to the needs of its employees with undivided attention. Dr. Harvey was to look after me medically, professionally and socially for years to come. If it had not been for his noble efforts, along with the company's positive response and unlimited support in lending me a helping hand when I needed it most, and providing me with the required care during the course of my treatment and afterwards, I would not have been able to overcome the essential obstacles of disability and endure its consequences.

Dr. Harvey stood by me during my entire stay in Khoula hospital. He facilitated all possible assistance and care to alleviate my suffering. Later he made the necessary arrangements to send me to the UK, at company expense, for further treatment and rehabilitation.

The doctors attended to me frequently in the following days. I was subjected to various medical examinations, yet no one mentioned the possibility of somehow getting well.

Two days later, the doctors gave their diagnosis and outlined my chances of recovery. I had sustained a Spinal Cord Injury (SCI) in the sixth vertebra in the uppermost neck region of the vertebral column. In short, I had broken my neck.

They explained that such an injury could mean that my nervous system had been damaged, affecting my ability to move and feel, and disrupting the normal functions of most organs below the level of injury. The extent of the damage, and the degree of recovery expected, would be determined by the amount of sensation I regained in the next few weeks. They discussed the possibility of performing surgery that very week.

I indulged myself in hoping that the doctors would soon tell me that things were not as bad as they seemed.

On the morning of the scheduled surgery, three young men from Sur entered my room. I barely knew one of them. After talking to me for some time, they took my father aside and spoke to him privately before they left the room. My curiosity was aroused, so I asked my father what they had said. He explained that they had heard about my surgery and had come to donate blood. They were staying in the adjacent waiting room, so that they would be available to help out whenever they were needed. Had that attitude been shown by a relative or friend, it might not have seemed so amazing. As it was, it was a remarkably selfless gesture – for persons I did not even know to come and offer to be at the disposal of doctors at any time to donate their blood.

In any case, the doctors decided that there was no need for surgery. Instead, they would use a mechanical procedure called 'vertebral column fixation', in which a metal clip would be fastened to each side of my skull. The two clips would then be tied to a cord that passed through a pulley fixed to one side of my bed. On the other end of the string, a weight of at least one kilogram would hang freely.

That medical operation was intended to restore the broken vertebra to its normal position, but no one predicted what the result would be or whether it would help me regain sensation in my body.

Still, I did not lose hope, even if it was a false one. I steadily believed that the doctors would come to me after a couple of days, or even after one whole week, with the glad tidings that my injury was not serious and that I was going to recover in the next few days.

Several days passed. The awaited news – or, rather, the awaited illusion – never materialised. Sorrow and grief piled up on me, followed by many questions, some of which were unreasonable.

The final medical diagnosis pointed out that there was a laceration in the spinal cord in the vertebral column, which had been caused by a fracture in the sixth vertebra of the lower part of the neck. The doctors stressed that the chance of my recovering from the broken neck was slight to nonexistent.

All doctors have their own ways of breaking such bad news to patients and their families. The next day, one of the doctors came to me, having been assigned the heavy duty of explaining the diagnosis to me. The doctor paved the way by asking me some personal questions about what kind of job I had and the location of my work. He looked relieved when he discovered that I was an engineer working in an oil company and that I spoke English well. He must have thought that his task would be a little easier with no language barriers.

He gently informed me that there was no chance of recovery or of any kind of improvement in my current condition. He made it clear that I basically had no choice but to accept my condition so that I could succeed with the rehabilitation process that I had to undergo, whether here or abroad.

During the days which followed, the procedures I went through became quite familiar. The metal clips remained fastened in my head, and my neck was kept fixed with a weight dangling

from the side of the bed, day and night. Moreover, my body was tied with belts every three hours, so that I could be turned, along with my bed, on my back and abdomen to avoid bedsores. I began to realise that all these procedures were evidence enough of the fact that there was no hope of recovery. If there was any chance at all, it would have to be very slight. I came to realise this even before the doctor gave me the final diagnosis.

The doctor explained the specifics of my injury from a medical perspective. The injury in the spinal cord had impaired my nervous system, causing all parts of my body below the location of the injury to be cut off from the brain. Most of the organs of my body had become separated from the mental activity centre; consequently, none of the affected organs were responding to instructions from the brain. He compared the function of the spinal cord to that of a telegraph wire. The spinal cord is the means of communication that connects the brain to the other parts of the body (except the face, which is connected directly to the brain).

He stressed that when the spinal cord is impaired completely or partially, it affects some parts of the body below the level of the injury in the back. The nerves of the spinal cord become unable to transfer the messages from the brain to the muscles and the nerve cells, and vice versa. The patient then loses the ability to move or to experience any sensation in the organs below the back injury. To settle the matter and leave no room for misunderstanding, the doctor confirmed that these parts would never be able to resume their normal function.

As he tried to refer to paralysis without actually using that term, I relieved him from the trouble of breaking the news and explaining my critical situation to me. I directly or indirectly said: "Don't bother yourself. I understand my current state of health and its consequences for my future. However, I have some questions which I would like you to answer, if you don't mind."

Although he seemed a bit relaxed upon hearing that, he still looked apprehensive. I believe he felt that I had still not fully grasped the implications of what he had said. He tried to clarify further, but I interrupted him, emphasising that I had completely understood what he had said, and I knew quite well the long-lasting impact of my injury. Still, he was not convinced; he asked: "What do you mean?" I replied that I knew the dimensions of my injury and its consequences for my future.

Some might feel that my reaction to this piece of news – being nearly paralysed and bearing its permanent effects, along with my family – was a bit exaggerated. Yes, I was pretending to be a brave man in a situation over which I had no control.

One might have expected a more bitter reaction, reflecting the extent of my injury. What kind of an individual had I been, and where would I be now? My dreams suddenly vanished, destroying all that I had built since I left my village behind seeking to make something of myself. In short, I was witnessing my own funeral.

It was expected that I would cry hysterically and go into denial. It is true that I did not react in such a way, but I was fully aware that pain and sorrow would be my companions for the rest of my life.

I could estimate the severity of my condition, not just in the present but also in the future, possibly for the rest of my life. I was also aware of how hard it would be on my family members, who were not fully aware of my future circumstances. Knowing how my disability would affect others around me only increased my distress. I believed that the effects of the impairment would be greater than the impairment itself.

When one month had passed and no change had occurred, my calamity grew bigger and bigger. I was engulfed by despair, haunted by depression, and victimised by bleak thoughts. I was doing nothing but visualising myself as a man unable to walk, write

or take a path; unable to satisfy his simple daily needs, with no hope for a better tomorrow. I felt like a human being who was condemned to live and denied the will to die. I was on the verge of losing my sanity and even contemplated committing suicide.

What a pity it is when a man's life becomes a matter of waiting, hoping to get rid of a severe agony without knowing when this might occur or how – hoping to escape a rigorous reality.

Dr. Harvey continued to overwhelm me with his kind treatment aimed at relieving me from physical pain and despair, and with his utmost efforts to introduce an atmosphere of comfort, which was free from depression. During his first week at the hospital, he brought a team of technicians to design a wall-mounted television stand that was installed in such a way that I could watch television without having to put up with the pain of bending my neck.

Without a doubt, television became a great source of entertainment and a good way to pass the time, which seemed to move slowly. It offered an escape and some relief from the pains that I suffered continuously. I started to watch certain television programmes with great interest in an attempt to prevent myself from thinking and indulging in self-pity.

In the meantime, some of my friends and relatives exerted all possible efforts to facilitate my travelling abroad for treatment. Dr. Harvey also assured me that the company was making the necessary arrangements for specialised treatment in the UK, and that it would bear all the expenses if there was a delay in the decision of the medical committee which was analysing my case to determine whether I needed treatment abroad. However, we had to wait until it was safe for me to undertake such a long journey.

CHAPTER 3

THE UNFORGETTABLE

I began to lose my patience as the waiting period stretched on, seeming interminable. Two months had elapsed with me lying on my back, either staring at the ceiling thinking about my gloomy future or closing my eyes in an attempt to escape the miserable reality.

The most painful thing was looking at Fâtimah. Her lovely smile, which rarely left her face even during the hardest times, was beginning to wither as the days went by. She tried her best to hide it, but her suffering was overshadowing her words and attitude. However, she knew for certain that her mere presence would ease my terrible pain and spread pleasure and joy in an otherwise gloomy room.

I used to look at her without her knowing, scrutinising the features of her face. Yet those moments only depressed me further as they revived unforgettable memories of our time together.

I have always considered myself as being one of those to whom Allah, the Exalted, has granted a lot of patience, and I thought of myself as possessing great forbearance in dealing with routine people, things, and circumstances. However, when I needed it most, this trait proved to be fruitless. It did not calm the dreadful pain that I endured while I was attached to that bed, unable to move a single muscle except those controlling the functions of my face, unable to feed myself or to even move a finger to scratch my nose.

I was overcome by depression more frequently, and my psychological suffering became more than I could bear. This happened especially when I was unable to resist the tornado of grief that had been overcoming both my soul and my mind.

What good was crying and screaming, though? After all, there is no use crying over spilt milk. Anger was also futile and would only strengthen my sense of despair.

At those moments of despondency, overwhelmed by a terrible feeling of anger and worn down by pain, I would find myself about to cry out loud, asking: "Oh Allah, how long will this agony last?" At the very last moment, my mind would intervene, and I would recall my mother's voice reciting for me a verse from the Qur'an:

﴿... وَاصْبِرْ عَلَىٰ مَا أَصَابَكَ إِنَّ ذَٰلِكَ مِنْ عَزْمِ الْأُمُورِ﴾
(سورة لقمان: الآية ١٧)

﴿...and be patient over what befalls you. Indeed, [all] that is of the matters [requiring] resolve.﴾ (Qur'an 31: 17)

I recanted, wondering: "What is the use of weeping? Is there any point in crying?" Tears would not calm my suffering, and anger would not put an end to my agony.

On the contrary, tears would only increase my feeling of hopelessness and double the suffering of the people around me. I vowed to myself that I would not surrender to pain; I would resist it instead. It is true that the accident had left me paralysed from my neck to my toes, but my brain was still intact, and my medical problems could not affect it or limit its activities. I prayed to Allah (ﷻ) to bless me with more strength, for He has commanded Muslims to be patient:

﴿يَا أَيُّهَا الَّذِينَ آمَنُوا اسْتَعِينُوا بِالصَّبْرِ وَالصَّلَاةِ إِنَّ اللَّهَ مَعَ الصَّابِرِينَ﴾
(سورة البقرة: الآية ١٥٣)

﴿O you who have believed, seek help through patience and prayer. Indeed, Allah is with the patient.﴾ (Qur'an 2: 153)

Abu Hurayrah (*raḍīya Allāhu 'anhu* – may Allah be pleased with him) reported that the Messenger of Allah (*ṣalla Allāhu 'alayhi wa sallam* – blessings and peace be upon him) said: « A strong believer is better and dearer to Allah than a weak one, and there is good in both. » (Muslim)

I assured myself that the true power of human beings does not lie in their physical strength; it is reflected in their virtues, which are manifested when facing troubles and dealing with difficulties of any degree.

This is how my time passed. I underwent a great inner conflict between a mind that refused to surrender to death in spite of the absence of hope, and the fear of a future with a body that was nearly dead. I was tired of waiting in this state where my existence and non-existence were one and the same.

Two and a half months later, the doctors decided that it was safe for me to travel, but only on a stretcher and with the plaster cast intact. My company, PDO, had arranged for my treatment and rehabilitation in England, in a hospital that specialised in spinal cord injuries.

I spent the day before my travel settling my financial affairs. For one thing, I had to give the power of attorney to one of my relatives so that he could act on my behalf in any matters concerning the company or the bank. Since I was unable to write or to go to the concerned organisations to sign the required documents and handle related matters, they sent some of their employees to witness me making that proxy verbally. It was later written and ratified in the presence of those employees and my relatives.

Such procedures made me feel as if I was going to a place of no return, where I would have to stay forever. This feeling only

grew when a large number of my family members and friends came to bid me farewell before I left. At the time of departure, I stayed for a long time on the stretcher in front of the ambulance while people came to say goodbye. Some of them kissed me, and others could not help weeping.

For the ladies, there were more tears than words, but the tears were more expressive. During all this time, Fâtîmah was standing beside me with her hand over my forehead. Despite the customs of our traditional society and the presence of so many people, she kissed me on the forehead without any hesitation, smiling and weeping, as I was about to be carried inside the ambulance.

I tried to be strong for her sake, just as I had attempted to do so when I had met her for the first time after my accident. I don't know how I managed to curb my feelings and prevent my own tears from flowing... Maybe it was due to her insistence that I see her smile before I departed.

I left Muscat, accompanied by my cousin and a senior nurse from the company clinic, on my way to the private Paddocks Hospital in the UK.

I did not have a proper seat like the other passengers on the aircraft; instead, I was on a stretcher fastened to the ceiling with belts made especially for that purpose. Since I was suspended about two feet from the ceiling, I spent my time on the plane exactly as I had done in the hospital room: looking at the ceiling or shutting my eyes.

During many trips around the Arabian Gulf countries, from Oman to the U.S., and passing through European countries, I used to enjoy the food served on the plane. On this flight, the nurse tried to feed me but was unable to do so, either because I was up too high or because she was too short, or both. I had to content myself with merely smelling the food.

Some readers might feel that I am barely mentioning certain incidents and skipping the finer details. Yes, in some cases I am doing that, but only because they do not add any value to my narration. It is not because I want to avoid painful memories that might stir up my grief again or because I am afraid to remember them.

I can describe how I felt and how I suffered, both physically and psychologically, while living inside a plaster cast that covered the upper part of my body from the neck to the abdomen. I went to sleep imprisoned in it and woke up imprisoned in it. In short, for two and a half months, my life was an endless circle of pain and low self-esteem.

The plaster cast was not the only source of my distress. There were many other factors, like having difficulty sleeping for many nights, especially the first nights after the accident. If I did manage to doze off, my sleep was disturbed by nightmares. These were like monsters trying to conquer me. They terrorised me, foiling my attempts to relieve my body and soul. Soon I began to lose my desire for life and for food. I also began to lose my feeling of humanity, as my hope of recovery diminished day by day.

CHAPTER 4

RULES OF DISABILITY

Suddenly, I found myself in a world governed by the rules of disabilities. Yet I was still thinking as if I had a sound body, as if I were able to act and move.

Ever since the accident about two months before, I had not seen anything in Khoula Hospital but the ceiling and whatever happened to be mounted high on the walls and in the hallways. Now I was lying inside the ambulance that took me from Heathrow Airport, making its way through the fields and pastures outside London. For the first time, I was able to see tree branches and the higher floors of buildings.

Today, even after so many years, I still remember the colour and shape of the ceiling tiles, the lamps, and the pictures that I saw on the ceilings, in the hallways, and on the walls. I contemplated them for days and months, in an attempt to kill time and forget my pain. I mastered that habit during the first stages after the accident, and this technique later helped me get rid of the permanent pains or the root pains related to the injuries of the spinal cord.

We were received at the hospital's main gate by the chief nurse on duty, and several nurses hurried to take me to the room. As I was passing through the corridors, I heard voices speaking in many different Arabic dialects, mostly from the Arabian Peninsula.

They were inquiring about the newcomer and where he was from. Later, I learned that Paddocks Hospital was a private clinic where doctors of the internationally renowned Stoke Mandeville Hospital received their patients, most of whom were Arabs.

After moving me carefully from the stretcher to a bed, the chief nurse came to meet me and to find out the extent to which we could communicate before she started taking any information. She told me that the doctor had been informed of my arrival and would be there soon.

The hospital was crowded with patients at the time, but I was fortunate to be transferred to a small waiting room that was separated from the adjacent passageway by a curtain. Through a large window, I could see the hospital garden. Lying in my bed, I watched the trees and the passersby in the street.

After a short while, Dr. Walsh arrived. He was an elderly man in his seventies. Later, I was told that he was a medical encyclopaedia in himself in his area of specialisation, having written many books about the treatment of spinal cord and nerve injuries, and the rehabilitation of those who are physically challenged. He had previously been the president of the national centre for the treatment of spinal cord injuries in Stoke Mandeville Hospital, a renowned hospital that was considered the first rehabilitation centre in the world.

In the aftermath of the Second World War, the British Army had financed this centre to treat soldiers who had suffered spinal cord injuries during the war. It was also intended to study the accompanying complications of such injuries, in an attempt to discover better treatment methods.

After reviewing my report, the doctor instructed them to take off the plaster cast. This was a huge relief to me as I became free of the plaster fetter that had been tied to me for more than two months. After it was removed, I was in dire need of a warm bath

to get rid of the dirt that had accumulated on my body during that time. Two nurses helped each other to clean my body with warm water and soap. Feeling refreshed and comforted, I fell asleep and only woke up when I heard the wheels of the food cart bringing my dinner.

The following day, I was awakened by the Irish accent of a nurse who was opening the large window that overlooked an English countryside garden. A cold breeze blew into my room. The sight of woods, trees and yellow leaves brought back memories of days gone by. When I was studying in the United States, I used to spend time in a garden that was close to where I lived. I often went there in the autumn... Abruptly, I was jolted back to my painful present reality from that blissful reverie.

In the afternoon, Dr. Walsh came again. He wanted to do a comprehensive check-up in order to report the injury level of the spinal cord in the neck vertebrae. Using a sharp metal tool, he asked me to alert him whenever I felt any pain. He started to prick my body, starting at my neck and moving downwards to my chest, arms and both sides. A nurse stood by, carrying an anatomy chart on which she marked dots to indicate where I did or did not feel the tool pricking me. Then he checked my knees and the joints of my feet, hitting them with a wooden hammer in order to detect any spontaneous reaction in these muscles.

I stayed in Paddocks Hospital for more than nine months as part of the rehabilitation process, but I suffered the most during the first five months. I was subjected to a programme aimed at developing self-control of the bladder. This was done by inserting a catheter every three hours to empty the bladder. This particular procedure was initiated too late; it should have been started directly after the accident. It caused the pressure inside the bladder to increase, in turn making me suffer from a severe headache every half an hour.

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After reviewing my report, the doctor instructed them to take off the plaster cast. This was a huge relief to me as I became free of the plaster fetter that had been tied to me for more than two months. After it was removed, I was in dire need of a warm bath

to get rid of the dirt that had accumulated on my body during that time. Two nurses helped each other to clean my body with warm water and soap. Feeling refreshed and comforted, I fell asleep and only woke up when I heard the wheels of the food cart bringing my dinner.

The following day, I was awakened by the Irish accent of a nurse who was opening the large window that overlooked an English countryside garden. A cold breeze blew into my room. The sight of woods, trees and yellow leaves brought back memories of days gone by. When I was studying in the United States, I used to spend time in a garden that was close to where I lived. I often went there in the autumn... Abruptly, I was jolted back to my painful present reality from that blissful reverie.

In the afternoon, Dr. Walsh came again. He wanted to do a comprehensive check-up in order to report the injury level of the spinal cord in the neck vertebrae. Using a sharp metal tool, he asked me to alert him whenever I felt any pain. He started to prick my body, starting at my neck and moving downwards to my chest, arms and both sides. A nurse stood by, carrying an anatomy chart on which she marked dots to indicate where I did or did not feel the tool pricking me. Then he checked my knees and the joints of my feet, hitting them with a wooden hammer in order to detect any spontaneous reaction in these muscles.

I stayed in Paddocks Hospital for more than nine months as part of the rehabilitation process, but I suffered the most during the first five months. I was subjected to a programme aimed at developing self-control of the bladder. This was done by inserting a catheter every three hours to empty the bladder. This particular procedure was initiated too late; it should have been started directly after the accident. It caused the pressure inside the bladder to increase, in turn making me suffer from a severe headache every half an hour.

In the beginning, I tried to curb the pain caused by these headaches. I was proud and obstinate, but I found that attempting to curb the pain was more painful than the pain itself. The pain would accumulate slowly, like a ferocious monster that awaits its prey without making any noise, until it suddenly jumps and devours it. When I got to the point where I was unable to distinguish voices or colours, I cried very loudly, and that brought some relief. I had never cried before in my life, even during the hardest times.

Later, I learned that such headaches were common symptoms in the first stage of spinal cord injuries. These pains accompanied me for years after the accident; they were signs of some complications that required continuous medical care.

After I had spent six weeks in the hospital, Dr. Walsh advised me that I could start using a wheelchair, beginning with a programme of gradual increases in the number of times and duration of sitting in it each day.

The following Monday, Katherine, the chief physiotherapy specialist, came very early to help me sit in the wheelchair. While drinking her coffee, she warned me that I might encounter some psychological and physical difficulties upon trying to use the chair. She also let me know that I might become tired or faint during the first few attempts; the blood would quickly flow downwards from the head and the upper part of the body, because of the long time that I had spent lying in bed. However, she assured me that this would stop eventually.

Sitting on the wheelchair was the most difficult situation I had faced during my rehabilitation process; in fact, it was more difficult than anything I had done in many years. I suddenly found myself in a world governed by the rules of disabilities, yet I was still thinking that I had a sound body that allowed me to act and move.

For the first three months, the focus was on physiotherapy, and I made good progress in that area. The treatment was divided into categories according to the body's injured parts. The first category involved exercising to refresh and strengthen the muscles and joints that weren't paralysed, so as to prepare them to carry out additional tasks. The second category included 'negative exercises', which were meant to take care of the paralysed parts in order to keep the joints flexible, to prevent the muscles from atrophying and the bones from being deformed, and to ensure blood circulation. Physiotherapy also included training me to undertake some daily activities, such as moving from the wheelchair to the bed or the car seat and vice versa. Over time, the wheelchair became the basic means for me to have some kind of independence.

The next step was the rehabilitation stage, which involved carrying out routine personal activities such as using a toothbrush and eating, with the aid of some special tools. This step also involved the rehabilitation of my professional career, including learning how to write and print again and how to operate certain devices.

I don't claim to have had an exceptional rehabilitation, but describing it might be of some benefit for those who have suffered in similar ways or have experienced certain handicaps apart from being disabled.

No words can adequately express the meaning of loss – of losing everything suddenly, finding oneself unable to even hold a pen or use other tools. I started to relearn the fundamental daily activities that parents teach their children during their first years. This aroused a great deal of depression and confusion inside me; sometimes I was in a state of denial and thought of myself with contempt.

I believe that my greatest loss during the early days of my injury and rehabilitation was the inability to read books, newspapers and magazines as and when I wished to do so. What is

the use of life when human beings find themselves needing others to turn the page so they can read, unable to perform such a simple task? Really, I felt like my life had no value at all; how could it, when I was unable to fulfil my simplest daily needs?

Professional rehabilitation, however, was an important experience. It was a means of ascertaining which muscular abilities remained in my afflicted body, so that they could be rehabilitated to perform new functions.

In order to make the rehabilitation more successful, the patient has to be convinced that the value of the paralysed individual lies not only in satisfying physical daily functions without the help of others; the life of a person is more valuable than that. There are many motives and objectives that make a life worthwhile. That task is very difficult and requires more than the specialists' activities; it also depends on the individual's motivation to live and to be useful to others.

Without a doubt, it does wonders for one's state of mind to discover that one can finally perform certain tasks; at best, it drives him or her to confront any obstacles, give more value to life and develop a new, defiant spirit to overcome its challenges. That is considered a great achievement that makes life meaningful and cheerful.

My attitude towards life and my level of self-esteem improved considerably. My quest to find a noble purpose for my life was intensified by my search for alternative means of overcoming current obstacles.

CHAPTER 5

AN INVITATION TO TEA

Resistance gives one a taste of loss, before making him or her rejoice in some kind of victory; only those who have gone through this experience can understand this.

During my first few days at the hospital, I was introduced to some of the patients. Most of them came from the Arab world, especially from the Arabian Peninsula. The most distinguished person was Abu Şalâh, who was considered to be the boss of the hospital. He came to visit me during my first week, one evening just before sunset. At that time of day the garden, with its leaves and yellow plants, was like a wonderful oasis.

Abu Şalâh seemed to have a proud and self-important personality, which had been augmented by the nurses' calling him 'the boss'. He insisted on acting in accordance with that title; he received the new patients and advised those who accompanied them about available accommodations and fees. He used to solve any problems that were caused by language barriers between the newcomers and the hospital staff, even though he could hardly speak English himself.

He would visit newcomers as soon as possible, to make them feel welcome and to relieve their homesickness with his joyful spirit and the playful jokes that he directed towards the nurses and the hospital staff.

Abu Şalâh visited me frequently. I think he found my temperament to be compatible with his, because after some time, he shed all pretence and began to act naturally. We spent many evenings talking together, and we became friends. It was interesting to sit with him and listen to stories about his life, which had been full of adventures.

Abu Şalâh was older than me; he was in his sixties, while I was only about thirty then. I enjoyed my relationship with him not because of his awareness or knowledge; what linked our hearts was the fact that we suffered from a similar injury. Observing him, I tried to imagine my own future.

People usually become friends because of mutual interests or characteristics, such as similar age groups, thoughts, inclinations, skills or hobbies. In the case of Abu Şalâh and me, our friendship grew because both of us were injured below the neck and went through some of the same experiences.

Although it had been fifteen years since his injury, Abu Şalâh had not lost the will to live. He was obstinate, proud and strong. He had an amazing ability to change demonstrations of weakness into confrontations, even if the result was not always to his advantage. His motto was: Resistance gives one a taste of loss, before making him or her rejoice in some kind of victory; only those who have gone through this experience can understand this.

My relationship with Abu Şalâh grew more and more intimate with each passing day. I still remember our long talks regarding many different matters. I had better not disclose the details of those conversations, though, since some readers might be offended by what we discussed.

He talked to me about himself, his past and his adventures; here I am referring to his scientific adventures, not the emotional ones, although he had many of those, too. I could fully visualise his personality.

For a very long time, he had worked in a large company in his country, and he had managed to save a considerable amount of wealth. He did not amass it by any covert means. Being responsible for logistics and food provision in that company, he used his position to boost and enlarge his private institution. Later, he resigned in order to take care of his organization, which was working in the same field.

Now that I was able to use the wheelchair to move around the hospital passageways and suites, Abu Şalâh invited me to join him in his room for tea. He wanted to introduce me to the rest of the 'young men', as he called them.

I accepted his invitation and went to his room. To my amazement, the atmosphere was not like that of a hospital room but instead like the inside of a popular café that might be found in a traditional 1960s market in the Arabian Gulf. On the desk were a red teapot and the required tools for tea and tobacco. As was typical of cafés in the Gulf, water pipes (for smoking tobacco) were being passed back and forth.

During my daily visits to Abu Şalâh, I was introduced to another person who was shy about sitting with others. My curiosity was aroused as I heard the nurses calling him 'the Colonel'.

I investigated and found out that he was a national Air Force officer who had the rank of a second lieutenant. During his stay in the hospital, he treated the nurses and the hospital labourers in the same strict way that he had treated military personnel. For this reason, they called him 'the Colonel', and some of them even saluted him whenever he gave them an order. Of course, he was happy with his promotion to that new rank! After some years, 'the Colonel' returned home with one of the nurses, whom he loved and later married.

In the room opposite mine lay a man called Abu Mash'âl. I knew him from my first few days in the hospital, even before

I could use the wheelchair. He had also arrived recently and could not move from his bed yet.

One of the kitchen employees used to come every evening to ask each patient about the next day's three meals. Once I heard Abu Mash'âl crying very loudly, trying to explain to the kitchen boy that he wanted something called 'habhab'. He tried to explain in Arabic; when that failed, he used some odd words that I had never heard before. I offered to translate, so the kitchen attendant came hurrying towards me. He told me that Abu Mash'âl wanted a big, yellow fruit. I guessed it was a melon.

I did not know that translating that word would open an endless circle of possibilities before me. From that time on, the task of translating his speech to the kitchen staff, nurses and doctors – and to those whom Abu Mash'âl called 'donkeys' – fell upon my shoulders. I became Abu Mash'âl's private translator.

He insisted that I accompany him to the physiotherapy room and remain close to him so that he could avoid the talkative specialists over there, especially Katherine, the department head, whom he spoke of disparagingly. Despite his negative attitude towards her, Katherine was the only one who went out of her way to take care of him. She ignored the way he treated her and his boldness in asking explicitly to be treated by a specialist younger than her.

Abu Mash'âl was a rough example of the nomads of the Arabian desert, but he was a very generous man, always insisting on paying for the food that we ordered from the local Indian restaurant.

His accident was related to his desert environment; a camel was the cause of his medical condition, too, making his case somewhat similar to mine. The difference was that Abu Mash'âl had fallen off the camel onto his head, whereas in my case, it was the camel that fell over my head.

Abu Mash'âl was accompanied by his son Mash'âl, a young man in his twenties. There was a huge discrepancy between the father and the son. The father was a pure example of the people of the Arabian desert; his behaviour and way of talking reflected his Bedouin nature. He might have seemed rough or hard to speak to or deal with, but he had a generous and unpretentious disposition that one noticed very quickly.

His son, on the other hand, was affected too much by the Western street culture. His hair was cut in an ugly and strange style. His neck was covered with countless chains, ribbons, pictures of animals and miniature models of things that I cannot even mention here. His clothes were painted with various colours and drawings. He was like a moving Christmas tree, or a casino front decorated with colourful neon signs and bright lamps.

Not long before my return to Oman, I received a visit from a noble, newly-married sister whom I had known since we were children. Years had separated us, but knowing that I was in England for treatment, she and her husband went to the trouble of interrupting their honeymoon to travel from London to visit me. Their visit affected me greatly. Her conversation made me recall the beautiful old days. I remembered my childhood in Sur, during which we had spent the hot summers in two adjoining houses. Sur was a lovely town filled with palm trees, and most of its inhabitants spent their summers there.

A few days after their visit, a nurse brought me a bunch of flowers like the one they had brought with them. When I asked her where it came from, she explained that the young couple had given her a sum of money and asked her to replace the flowers in my room whenever they wilted away. For many days, until that money ran out, my room had a wonderful scent. I knew that the young couple might not visit me again because they were leaving London soon after that.

It occurred to me that there are still highly sensitive persons living in our world. Their visit had overwhelmed me with passion and imprinted in my heart the realisation that our lives would always be human, even though certain aspects were mechanically governed.

CHAPTER 6

DESPAIR AND MONOTONY

I was haunted by confusion and consumed by depression and worry, afraid to face the world when I finally came out of the hospital.

The private Paddocks Hospital made the patients feel as if they were all members of one big family, which consisted of the employees, nursing staff, physiotherapy specialists, occupational rehabilitation staff and kitchen staff. It seemed more like a recovery house than a hospital.

Unlike in other hospitals, nothing was forbidden. Visitors were allowed at any hour, and food could be brought in from the restaurants in town. The hospital administration arranged parties on special occasions, just like the parties held at private homes or in public places. They also arranged trips for shopping and visiting historical sites.

The care provided to the patients whose movement is impaired gradually develops into more than a professional relationship between service providers and clients. Over time, it grows into a strong, permanent bond. Sometimes it expands well beyond that stage, because the sufferers of spinal cord injury often spend long periods of time at the hospital for complete rehabilitation.

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In that kind of intimate atmosphere, it was not surprising that some patients developed strong ties of friendship, and even love,

with some of the employees. That attitude was actually encouraged rather than frowned upon; it was seen as part of the psychological and social rehabilitation process that helped the basic aspects of the treatment and rehabilitation programme to succeed.

Since I had mastered the English language and was well-acquainted with Western culture as a result of studying in the United States for five years, I attracted the attention and special care of the physiotherapists, the nurses and some other employees.

Paul Hudson was one of those. Although his job did not involve serving the patients directly, he liked to visit me daily, drawing the curtains while singing one of the Irish folk songs that drive one to get up and actively usher in a new day. He went even further, insisting on shaving my beard every two days without being instructed to do so. Our friendship blossomed, and sometimes on the weekends he would accompany me shopping or to have a meal in a restaurant downtown.

I also became friends with Jerry, the cook, who put a lot of effort into preparing dishes from the Arabian Gulf, trying to please the majority of the patients. Unfortunately, his attempts were futile because his meals were bland and tasteless. Then one day a companion of one of the patients brought him an Arabic-language recipe book from London. Since I had earned some fame being Abu Mash'âl's translator, Jerry hurried to me and requested that I select and translate some favourite Arab recipes. This turned out to be a raging success, and the patients were thrilled with the new meals. Feeling grateful to me and wanting to demonstrate his cooking skills, Jerry began to serve me special, delicious kinds of the best English foods.

The third person was Ms. Val (whose name in Arabic literally means a good omen), a lady with a bright smile and brilliant face. Although she was forty years old, her face reflected the innocence of a baby. I do not have broad experience in analysing human

character, but I got the impression that her heart contained no hatred for anyone. I felt that she knew only how to love and to do good to others. I came to know her at a time when I really needed her. She overwhelmed me with care and a torrential passion that made me happy, melting the depression and monotony from which I was suffering. Her presence beside me in the days before my return to Oman was an important factor in helping me to dispel my confusion, depression and fear about facing the world outside the hospital and losing its care.

After spending nine months at the hospital, I had reached a stage where no more treatment, whether in terms of medicine, physiotherapy, or occupational rehabilitation, was warranted. From a medical point of view, nothing more could be done to improve my health. The specialist had spared no efforts in physiotherapy to train me to use my remaining working muscles in the best way, but my disability itself was obstructing any further progress.

I had made sufficient progress in professional rehabilitation and awareness of my health. My English language skills had helped me a lot in that regard; my love for reading had enabled me to acquire a great deal of knowledge from loads of magazines, periodicals and special research papers about spinal cord injuries and related illnesses.

I benefited from Dr. Walsh's method of treatment and rehabilitation. An essential component of his method was educating the patients about the basic facts related to their injuries, so that they would be more aware of what was going on. In turn, they could inform their families about the scope of their abilities and disabilities so that the family members would be prepared to treat them appropriately. This would facilitate the goal of making them assimilate within their families and then in the society.

The physiotherapy and occupational therapy were aimed at enabling the patients to become as independent as possible, at least

to the extent that their surroundings, health, and social and physical disabilities would allow. Since I knew very well the seriousness of my disability, I did not deceive myself with false hopes.

After nine months of treatment and rehabilitation, I believed that I had reached the point where I could face the results of my injury and its impact on my life. Unfortunately, that feeling of confidence was shattered inside me when Dr. Walsh advised me that my treatment was about to end and I must prepare myself to return to Oman.

I had two intermingling feelings: joy and fear – but predominantly fear. I was happy that I would see my family again, especially my wife, but I feared the ambiguous future that awaited me and the heavy burden that they would have to bear. I was confused and perplexed...

I was under a lot of stress. I was afraid to face the world without having the hospital care I was used to, and I would need psychological and medical support that none of my family members were able to provide. I had always been so proud of being independent from an early age. I had never imagined that I would someday find myself dependent on others, even my own wife and family.

I became more tense as the days passed by and my departure drew near. I became a victim of obsessions. My behaviour towards others was marked by doubt and confusion. My questions were disturbing, even those which I asked Abu Şalâh, believing that since he had had a long experience with disability, he would be able to answer them. I also directed anxious questions to some of the specialists.

As I thought more and more, attempting to find reasonable answers and believing that I could face the calamities of life, the questions became more complex, and the search for answers was in vain. I froze, unable to come up with a correct opinion or a proper

answer. It seemed as if my mind was overwhelmed by ambiguous questions, asked by a disturbed spirit escaping from reality to unknown or uncertain conclusions.

I spent the final few days before my return to Oman thinking mainly about the first meeting with my family. They would see me sitting in a wheelchair that had now become like part of my body, a practical substitute for my impaired legs. Really, I was in a very critical situation. That obsession grew more and more as time passed. It aroused the fears inside me, driving me towards confusion, loneliness and introversion.

My thoughts were disturbed. I was absent-minded. I feared that others might think that my crisis was simply that I had gotten used to the social environment inside the hospital and was scared of leaving it to enter another environment; I did not know how to deal with it and on what basis. These fears are expected in anyone suffering from spinal cord injuries, but I feared that they would affect me psychologically.

Such questions continued to trouble me, as did my attempts to envision the future. Both of these trains of thought were disturbed, distrustful and meaningless to others. I secluded myself. I invented a trick to escape and hide my tears, confusion and weakness; I simply escaped to a corner in the hospital garden and pretended to read a book or a magazine, in an attempt to prevent my friends from seeing me in that state.

I did not want those whom I knew and loved in that hospital to be shocked by seeing me in that state. Some of them considered me a role model due to my ability to overcome calamity and emerge victorious in the end.

Only Val, that good-hearted nurse, saw my tears, heard my moans and felt some or all of what I was going through. She could not help crying herself when she saw the fear reflected in my face when I told her: "I want to stay here all my life until Allah fulfils

my destiny." I confided in her my belief that I had no life away from this sheltered world. Val said: "No, you do have another life outside this desperate place!"

Words fail to express how Nurse Val took care of me. She helped me relieve myself of the obsessions which had begun to control me. She saw me disturbed and worried, and she acted accordingly. She was really a friend in need. She took it upon herself to make me visit some disabled individuals in their homes, on the weekends or on weekdays after she got off work.

I went with her to visit a couple in their fifties who were living on their own and managing their affairs all by themselves. That visit was of great benefit to me. We spent a long time with them, enough to give me an idea of how they led their lives on a daily basis. The husband generously gave me a tour of his house, pointing out the details of his daily life and the special ways he had invented to facilitate satisfying his physical needs without too much pain.

Soon it was time to leave England. Early in the morning, before sunrise, I felt a hand awakening me. I was returning to my homeland that day. It was one of those beautiful days in the English countryside, yet I woke up fearing the world!

The only feeling of which I was conscious was my psychological disability. I had resolved to be steadfast, but that morning, I lost all self-confidence. I was lost, wondering how I could confront and react to whatever was going to happen to me.

When the time came, every face reflected the feelings inherent in the hearts, especially that of Margaret, who was the chief nurse and a former officer in the British army. During my stay at the hospital, I had always felt that her heart was cruel; I saw it as that of a soldier who orders others around and frightens them.

However, when she bade me farewell, her compassion overwhelmed me and made me forget her past cruelty. She was

the only one besides Val who had said her goodbyes the previous day, because she would be absent attending her son's graduation on the day I left. She insisted on embracing me, and she whispered an apology in my ears. When she said, "It's my job!", I understood that she was apologising for her firmness.

The hospital administration used to throw farewell parties for patients who were leaving after a long stay. My party was attended by many people, even some with whom my relationship consisted only of a morning salute when we passed each other in the corridors or when they entered my room to clean. I was overwhelmed by the display of compassion and concern from everyone. It brought tears to my eyes.

At the end of that beautiful summer day, in that beautiful English countryside, eyes rather than words expressed the intimacy and warmth that connected my heart with the hearts of many workers in that hospital.

CHAPTER 7

MY SUSPICIONS NEVER MATERIALISED

Fâtimah's love for me gave her an infinite ability to face the challenge of my new self, with all the associated psychological and physical implications. Her love, demonstrated by the way she treated me, simply melted away my suspicions and fears.

During my flight back to Oman, I could think of nothing except meeting my family and my wife. I was trying to imagine this much-anticipated meeting.

Comparing myself to a bag thrown on the luggage cart and pushed, I was asking myself how they would react to seeing me imprisoned in my body, unable to even push my own wheelchair.

For this reason, I had contacted my family while in England and requested that they not come to Muscat to greet me. I allowed only my wife to be there because I did not want them to see me in that exhausted condition, after spending fifteen hours in the wheelchair moving from one means of transportation to another. I wanted them to see me in a better condition, to give them the impression that I had self-confidence. This, I hoped, would lessen the impact of seeing me detained in that wheelchair. I knew very well that my mother would insist on coming, but I later discovered that someone had persuaded her to respect my wishes. Thus, it was only my wife and one other relative waiting for me at the airport.

When I saw them from behind the glass partition, I relaxed.

I had telephoned Fâṭimah from Britain and had a long, frank talk with her, explaining the details of my injury and its consequences for my body. Even so, I was convinced that she would never comprehend the full dimension of my problems until she saw me in person. I truly believed that she would find it very difficult to deal with me, both physically and psychologically. I expected her to grumble about my continuous need for help. Fâṭimah was the type of person who could not hide her feelings even if she tried. Her expressions and demeanour were very frank and open, and I was afraid to see what would be reflected there.

As it turned out, my suspicions were unfounded. Fâṭimah's love for me gave her an infinite ability to face the challenge of my new self, with all the associated psychological and physical implications. Her love, demonstrated by the way she treated me, simply melted away my suspicions and fears. She planted the seeds of hope in my spirit and lit many candles to illuminate the dark future I had anticipated.

I realised how wrong I had been. I had thought that my young wife, who was barely in her twenties and knew very little about life, who was married only a year ago, and whose dreams of a honeymoon had been shattered, would not be able to take care of me in my severe condition.

Nurse Linda had accompanied me from England in order to look after me at the company clinic and to prepare my wife to understand and deal with my health condition. Although she stayed only two weeks, Fâṭimah learned very well how to take care of me and to help me handle my routine daily tasks. She exerted herself and succeeded in doing so. I used to watch Fâṭimah while she was observing the nurse and asking her questions. She was very active, working earnestly to understand and implement all that she was learning.

During my stay at the clinic, some of my directors visited me as part of their social duty, or maybe to get an idea about my health and decide what to do with me from a professional point of view. During their visits, I tried to clearly explain my physical abilities and to confirm that I was mentally sound.

I might have exaggerated somewhat, but I was very sensitive when anyone seemed inclined to link my physical impairment with my mental capabilities. I was aware that some people made such assumptions; in Britain, I was taught about such people and read about them.

During my first week in the company clinic, Dr. Harvey was asked to visit me and discuss my professional career. I kept silent, because I had no idea about my personal or professional future. Fortunately, Dr. Harvey understood my dilemma and took charge of negotiating with the company on my behalf. He wrote a medical report confirming the one which I had brought from England, in which he stressed that I would be able to resume work if they provided an environment suitable for my physical conditions.

Two days later, Dr. Harvey brought a message from the company, which I read and translated for Fâṭimah. In short, the company reiterated its commitment to facilitate my treatment, help me return to as normal a life as possible, and provide for my needs. They suggested the following three options:

1. I could go back to work in the company, but not as an engineer. A suitable job would be found for me after an in-depth study of my physical ability and practical skills.
2. If I chose to stay in Muscat, the company would help me with a private enterprise in line with my ability, so that I could manage the projects from home.
3. If I preferred to live in Sur, where I would benefit from the presence of my family, the company offered to contact

governmental agencies to find me a suitable job, such as teaching in one of the professional training institutes there.

In all three cases, the company pledged to provide all the medical support I needed.

Dr. Harvey did not put pressure on me to reply immediately. He advised us to take time to consider all the options and to go to Sur to consult our families before making a decision. I was quite cautious and wanted to take my time thinking about it, but my wife gave a decisive answer. She told me that I should resume my work with the company. I did not want her to be hasty in her decision, since it was a matter of life and death. I encouraged her not to be swayed by her emotions or by a feeling of obligation towards me because I was her husband.

I gave her the freedom to choose... then, or later that day, or at any time in the future, when she was more acquainted with my disability and its repercussions. I informed her frankly that although she had seen a lot already and had excelled in performing her role as taught by the nurse, this did not guarantee that she could keep this up. She did not have to live with an individual who was disabled; there was no compulsion.

I tried to make her visualise a very dark future with me, as it had appeared in my nightmares during my final days in Britain. I pointed out that while she might accept my condition now, it would become more painful and exhausting over time. I explained that my disability would not allow me to live a normal life, and I noted that we did not have any children who might cause her to make such a great sacrifice to remain married.

I did not want to see both us gradually not being able to live with each other, until it became impossible and we ended up divorced. I thought it would be less painful if I realised that from the beginning.

However, I failed to convince her to leave me. I tried to persuade her using a different argument every time, but it was in vain. It seemed that she had already made her decision before my return to Oman, even before she had actually seen the reality of my disability.

The company welcomed the idea of my resuming work with them. Dr. Harvey confirmed that they would find me a job that suited my physical and practical abilities.

Before we left for Sur, the housing and services department asked us to choose lodging close to the company headquarters. Fâtimah went and selected suitable housing, and we asked the department to make some adjustments in the house so that it would accommodate my requirements.

After two weeks, I felt much better than before. My fear that my wife would want to leave me had vanished, and I was assured that I would not have to live off charity. Still, I knew that this was only the first step on a very long journey. It was a beginning that was full of obstacles and challenges, but there was help and reassurance as well.

While we were preparing to depart for Sur, nothing worried me more than the thought of my family, especially my mother, seeing me sitting in the wheelchair. I knew that with every word I uttered and every move I made, the sadness in her eyes would only increase. It was only natural that my family members would find my first day with them extremely painful, and I was sure that my mother would feel more pain than I did myself.

I had expected to find a large group of relatives waiting to receive me, so I was surprised to see only my parents and brothers. I felt that someone had carefully planned it so that I would not be embarrassed by having so many eyes looking at me expectantly, all hoping to see me in a good condition.

When they saw me, they were struck by mixed feelings. On the one hand, they were happy to see me again; on the other hand, they were overwhelmed with sadness when they saw me in that wheelchair.

I have no idea what they had expected, but I am very sure that they were hoping to see me in a better state than I was. They stood very still, and tears flowed from sorrow and grief. I tried to control myself and curb the feelings that were aroused by these examining, confused and questioning eyes. As my mother avoided looking at me, tears blurred her eyes.

I never needed self-confidence more than I did at that moment. I tried by all means to comfort them as they saw the state of my health. I told them that I would never protest against Allah's divine will. Allah (ﷻ) says:

﴿الْحَمْدُ لِلَّهِ فَاطِرِ السَّمَاوَاتِ وَالْأَرْضِ جَاعِلِ الْمَلَائِكَةِ رُسُلًا أُولِي أَجْنَحَةٍ مَّتَنَّى وَثَلَاثَ وَرُبَاعَ يَزِيدُ فِي الْخَلْقِ مَا يَشَاءُ إِنَّ اللَّهَ عَلَى كُلِّ شَيْءٍ قَدِيرٌ﴾
(سورة فاطر: الآية ١)

«[All] praise is [due] to Allah, Creator of the heavens and the earth, [who] made the angels messengers having wings, two or three or four. He increases in creation what He wills. Indeed, Allah is over all things competent.»
(Qur'an 35: 1)

No one could have changed what had happened, as it had been decreed by Allah (ﷻ). I assured them that, with their help, I would try to cope with my disability, accepting what Allah (ﷻ) had ordained, and that I would take advantage of all the available means, since I had no other choice but to accept the will of Allah (ﷻ), who says:

﴿أَوَلَمْ يَسِيرُوا فِي الْأَرْضِ فَيَنْظُرُوا كَيْفَ كَانَ عَاقِبَةُ الَّذِينَ مِنْ قَبْلِهِمْ وَكَانُوا أَشَدَّ مِنْهُمْ قُوَّةً وَمَا كَانَ اللَّهُ لِيُعْجِزَهُ مِنْ شَيْءٍ فِي

السَّمَاوَاتِ وَلَا فِي الْأَرْضِ إِنَّهُ كَانَ عَلِيمًا قَدِيرًا﴾

(سورة فاطر: الآية ٤٤)

«Have they not travelled through the land and observed how the end of those before them was? And they were greater than them in power. But Allah is not to be caused failure by anything in the heavens or on the earth. Indeed, He is ever-Knowing and Competent.»
(Qur'an 35: 44)

During my rehabilitation period in Britain, I had learned to be a good listener, but when I returned to Oman, I became a good teacher. I could elaborate on and answer all the questions that were troubling relatives and non-relatives. I could help my family, friends and others to understand the nature of my disability and prompt them to change their attitudes towards the disabled. I spent my first few weeks with them trying to frankly explain my disability with all its psychological and social implications. I emphasised, in every way I could, that losing the ability to walk and depending on the wheelchair did not mean that my character, self-respect, view towards others, mental ability or any other aspects of my personality had been negatively affected.

During that period and during the first few years at home, I suffered from positive favouritism. My family used to treat me in a special way, avoiding anything that they thought might cause me trouble or increase my pain.

Being human, I was sometimes sad, depressed or angry for various reasons. Realising that my sadness and anger affected those around me, I tried my best to bottle up my emotions and conceal all my worries so as not to cause more grief for my family and others. This, however, caused me more problems related to my disability.

In time, I realised that it was not my duty to hide my feelings and pain, or to pretend to be strong. Their exaggerated reactions to

my spontaneous feelings, which are normal for every individual, were making me feel guilty. I felt as if I was a burden on them, not only because of my physical needs but also psychologically. Eventually, I came around and said to myself that nothing had happened to make me angry or sad, and that I should not torture myself mentally.

That change of attitude enabled me to ignore the problems that were causing me such pain, to reduce my stress, and to prepare me to go through my daily life with a positive outlook, without paying any attention to these minor physical and psychological troubles.

Getting depressed, frustrated or angry was only to be expected; everyone experiences these feelings as a result of the daily pressures of life affecting them and their families. It was also very natural to feel sad because of my disability, but I tried not to let the sadness become as significant as the disability itself. I resisted so that I would not be driven to despair or interrupt the activities of my daily life.

CHAPTER 8

COPING WITH DISABILITY

I had to bear psychological anguish as well as physical pain, reconciling myself in terms of my psyche as well as my body. I had to accept the reality before I could begin planting any seeds of hope or accepting my fate.

The worst thing in my life was being unable to move, to indulge in my daily activities, or even to feed myself, as a result of the spinal cord injury. Disability had affected all aspects of my life: physical, social, matrimonial and professional. Whether I wanted to accept it or not, I had no other choice but to adapt to it, on its terms, and to cope with the consequences regardless of how cruel they seemed.

I had to bear psychological anguish as well as physical pain, reconciling myself in terms of my psyche as well as my body. I had to accept the reality before I could begin planting any seeds of hope or accepting my fate.

My dreams had been murdered, but my will became powerful and substituted for the defect in my movement. My disability prevented me from fulfilling my hopes in many aspects of life, but I had to find another place for myself in that very life. The health-related, social and practical obstacles inspired me to rise to the challenge, and this gave me plenty of self-satisfaction.

As long as I am mentally sound, I do not let myself be bothered by the attitude that says a person is complete only if he or she has a fully-functioning body. I truly believe that a complete personality is built of our deeds and self-confidence. The mind is the base that makes life continue and enables us to harvest its fruits.

Without a doubt, those who are disabled are more prone to depression and to feeling unable to face the daily difficulties of life. The results of disability have a direct impact on their physical and social being. The suffering and depression are not the result of disability alone; they are exacerbated by the social barriers and material obstacles that limit their movement and prevent them from enjoying their rights or benefiting from public services as others do.

The problem starts when individuals who have recently been afflicted with spinal cord injuries return to the community after treatment. They discover that people have begun to deal with them differently, which is only natural. When they meet disabled people, they are obviously uneasy around them, not having any idea how to speak or deal with them. I experienced this when I first attempted to visit public places after being disabled.

Most of the people who came across me simply reacted with astonishment. Wherever I went, they gazed at me as if I were an alien from another planet. This simply reflected the common attitude towards people with disabilities. In the beginning, these looks confounded me. They were hateful and left me with no choice but to leave the place in a state of disappointment and depression. After reconsidering the situation, though, I decided not to let these looks stop me from enjoying activities that bring me pleasure. I won't be chased away for the rest of my life, allowing myself to be made a captive of these heedless gestures.

Another category of people tried very hard not to look at me, thinking that doing so would embarrass me or cause misunderstandings. I decided not to react in an exaggerated way

and to deal with these situations simply. I would not leave the place, falter or lower my gaze, and I would not become tense or embarrassed.

I pushed myself to return to the commercial centres and public places with a renewed sense of self-confidence and a strong will. When an infant turned back to stare at me while his mother dragged him behind her in a commercial centre or on the street, I smiled at the baby, gazing or winking at him.

Over the course of time, there was a gradual reduction in the impact these looks had on me. Negative reactions no longer prevented me from visiting the places I liked. Astonished looks and erroneous ideas no longer hindered me from fulfilling my hopes and desires.

Had there been a slide where I could roll down into the sea with my wheelchair, I would not have hesitated for a moment to use it, even if the other visitors at the beach were snobby about it. In fact, I would return time after time, until the number of astonished people was decreased even if they were not gone altogether, or until a surprised individual became the exception.

The basic principle in dealing with others is to have a strong sense of self-esteem and peace of mind. After my injury, I was taught not to view myself through the eyes of others but only through my own eyes. As a result, I was no longer obsessed with how others perceived me.

As for myself, I do not find any difficulty in dealing with others; it is they who find it hard to deal with me. Essentially, this is their problem, not mine. They are the ones who must solve it if they are really interested in doing so.

When I say 'dealing with others,' I do not mean having them render me any special services. I am referring to having normal, mutually respectful dialogues regarding common, everyday matters,

as with two individuals who meet each other by chance on a journey, in a hospital waiting area, at a restaurant, or through any other brief encounters.

Studies in sociology have pointed out that users of wheelchairs exert extra efforts to create familiarity with others when talking or dealing with them regarding any matter. They do this because their disabilities are apparently great and serious.

I discovered that the best way to avoid that kind of embarrassment and exaggerated behaviour was to smile at everyone; this usually put them at ease.

While there are people who eventually come to accept and respond positively to disabled individuals, there are others who cannot break out of their narrow-minded thinking. They see a person with disabilities as nothing more than the sum of a wheelchair plus an artificial organ. Unfortunately, most of the disabled are subjected to these kinds of views, the extent of which depends on the level of their impairment.

These kinds of people, in a rush to judgment, assume that individuals with physical disabilities must also be mentally deficient, regardless of whether the disability is related to physical movement or to optical or audio functions in one or more parts of the body. Such judgements are called reverse impressions (a simple opinion leading to distorted exaggerations); they see a person who is paralysed as a result of a back injury and assume that his or her mental functions are impaired as well! This reverse thinking is one of the negative factors that most obstructs the disabled as they try to assimilate in their societies. An individual who indulges in reverse thinking can accurately be called a 'handicapping person' because this handicaps the disabled more than the actual disability does.

In short, these attitudes towards people with disabilities can be outlined as follows:

- Showing excessive sympathy and consolation towards them, then behaving arrogantly or feeling that they are charitable because they have these feelings.
- Presuming that physical disability affects mental soundness.
- Feeling worried and disturbed when getting close to them.
- Presuming that they always need help and thus ignoring them.

We need a social and historical reconsideration in order to examine these reactions and understand the underlying causes that lead people to react in such ways towards the disabled.

In many societies, until very recently, social factors such as ignorance, prejudice, and sometimes superstition created invisible barriers for the disabled, making them feel as if they were worthless, causing others to ignore them and their families to be ashamed of them. They also suffered from all kinds of discrimination from members of their families and societies. They were confined to their homes, unable to lead the kind of life that was taken for granted by other members of the society.

In such an environment, the basic human rights of people with disabilities – the rights to marry, work, or possess a vocational skill – were ignored. Unable to marry, start a family, or even work to feed themselves, they would feel themselves to be a burden on their families.

Family members commit a grave error when they show embarrassment in the presence of a paralysed person or someone suffering from mental impairment, because that attitude causes the disabled individual to be secluded socially.

We should accept our fate, whether good or bad, trusting in Allah (ﷻ) and hoping for a reward from Him. At the same time, we should firmly ensure that those who have been afflicted with any kinds of disabilities are not deprived of their right to lead an

independent life. We should not consider them unable to contribute to society; they might possess abilities and skills that are waiting to be discovered, polished and made use of.

At the social level, the associations that were established to advocate for the rights of the disabled ended up becoming an axe that destroys them and a means of increasing their seclusion. They take decisions concerning disabled people, supposedly on their behalf, without even consulting them.

Recently, people's views regarding the disabled seem to have advanced, but the progress stopped at a point where people believe that disabled people always require someone who can help, take care of and sympathise with them. I feel such anger when anyone looks at a disabled person with pity, describing him or her as 'a poor soul'.

On the other hand, there are those who feel that the disabled individual actually possesses talents, skills and abilities superior to others, and that these can serve as a substitute for what has been lost. They expect him or her to be another Taha Hussein, a second Beethoven, or a new physicist like the well-known Steven Hawking.¹ Like reverse thinking, this kind of positive favouritism also places a burden on the shoulders of people with disabilities.

Let me clarify that I do not blame those simple individuals who harbour such beliefs. In my view, the culprit is the non-existence of social norms that encourage family members to come closer to their disabled relatives, to remain in contact with them,

¹ Taha Hussein, an influential Egyptian writer and intellectual, lost his eyesight at the tender age of three. Ludwig van Beethoven, a famous German composer and pianist, continued writing and performing classical music after losing his hearing – first gradually and then completely. Stephen Hawking is a Cambridge professor who has written many books and received numerous awards in the fields of physics and cosmology; he has been partially paralysed and using a wheelchair for many years. (Editor)

and to provide an environment that is conducive to their interacting with other people, which can be done during special occasions or through public activities.

To some extent, I hold some of the disabled responsible for passively allowing such thinking and behaviour to continue by taking the easy route, depending on others completely and considering themselves weak and unable to manage their own lives.

The process of changing the reactions and negative attitudes, and correcting the mistaken notions, must be initiated by disabled people themselves. They must develop their skills and abilities and improve their awareness of their social and environmental surroundings. They must confidently and patiently demand legislation that meets their needs, as well as work programmes that provide equal opportunities and encourage them to take on greater roles in life.

My experience has shown me that the disabled people's positive view of themselves is one of the most important factors that can totally change negative attitudes towards them and improve the way people perceive them and behave towards them.

If they focus on their disabilities first, before demonstrating their personality and skills, they will be treated accordingly. They should define themselves through their personalities, not through their disabilities. They need to hold positive opinions of themselves before they ask others to do so.

The relationship between disabled people and others must be based on the fact that the latter see the former as important, as cooperative and productive members of the same society, who demonstrate their existing skills and their ability to acquire new skills.

CHAPTER 9

NEITHER A HERO NOR ATTEMPTING TO BE A HERO

I say no whenever I feel it is an appropriate answer. When I say yes to anything, I say it with a strong will, not because I feel inferior or compelled by circumstances.

From my personal experience as well that of others, and from my reading of many specialised books relating to this field, I know that the physical and social implications of being disabled vary from one person to another. They differ according to their religious, social, scientific and cultural backgrounds and their awareness of the particulars of their disabilities.

Peace of mind, self-confidence and self-esteem help people to overcome the challenges of disability. These characteristics enable them to face the challenges and to deal with them rationally, not rashly. They also help disabled people to understand the passive reactions of others, bearing in mind their social backgrounds, especially when they are individuals who are unaware and uncultured.

In that regard, I remember an incident that required an instant reaction from me. I was sitting with a friend in a café when a very beautiful woman came in and sat opposite us. It was only natural for me to glance at her. That situation made me wonder: had I gazed at her the way any man would upon seeing a woman for the first time? If she was someone who liked to be flattered, how would she

feel about my looking at her? I said to myself: "I don't care how she perceived my look. I glanced at her as any man would look at a lady – that's all."²

My self-esteem plays a vital role in my relationships with other people, since it is reflected in my external appearance, my way of speaking, and the way I interact with others in my daily life. I started feeling this way a few years after my injury, when I began to feel self-confident. Of course, I still make mistakes, and I have my faults and negative characteristics, but I also possess traits that others do not. I dare say this without pretending to be modest.

I call this self-esteem, not self-conceit or vanity. Why should I be vain when I have no reason or need to be? My feeling of self-esteem has grown over the course of time, and it is now stronger than it was even before the accident.

I do not know exactly why that feeling has increased. I expect some readers to ask me: "Why don't you give a concrete answer here? You have been answering many questions since the beginning of this text." My reply would be: "You are completely right."

A more detailed explanation is that every person is unique, possessing various traits and characteristics, both negative and positive. All these traits are acquired through experience; they merge with each other to form the individual's personality. We can only grasp the underlying meaning of that when we examine the meaning of the word 'individual'; it refers to a person who is not like anyone else, not due to some superiority, but simply because Allah created each of us unique.

One of the factors that might have helped plant that self-confidence in me was that during many years of my disability,

² The author is being honest here in describing his inner conflicts as he tried to be accepted in the public sphere. Of course, Allah instructs Muslims, both men and women, to 'lower the gaze' and guard their modesty. See *Qur'an* 24:30-31. (Editor).

I managed to lead an independent life. I never had to beg for one penny, and no one could see my tears or hear my sighs. As I discovered my own means of success, life became worth living, despite the difficulties. An individual's background and way of perceiving things play an important role in shaping one's attitude and deciding one's course in life. This is not only related to the nature of disability itself but also to each individual's ability to develop, mature, and use his or her potential to derive meaning from life.

I have stopped caring about the outdated notions that regard all disabled people as belonging to a marginalised category, needing continual care and maintenance. I do not perceive myself according to these obsolete ideas that consider a human being complete only if he or she possesses a strong and sound body – as if a person who has lost an arm, for example, is not 'complete'! The common thinking is that such a person has no right to be a leader, even if he or she has a clever mind and clear vision.

At this point, some readers might wonder if I am pretending to be a hero or proclaiming myself as a role model to be followed by others who are suffering from what I have suffered. My answer is that there is a difference between self-conceit and self-confidence. I have the right to be proud, not vain. I do not care about those who insist on calling this vanity.

I must take pride in the fact that, despite the challenges, I have persisted and worked patiently all these long years to ensure that my existence is considered important, as opposed to being marginalised. I have earned my own keep, rather than living off charity. However, my self-confidence never makes me forget the feeling of gratitude towards Allah the Almighty, then towards my family, friends, the company where I worked, and my colleagues, who trusted me and gave me an opportunity to prove myself and lead my life as a normal human being. I have no words to adequately express my feelings towards all of them.

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I concealed my tears and sighs not because I am a hero or seeking to be a hero. I did it to thwart any possibility of my disability destroying my spirit as it had already destroyed my body. Without such a strong will, I could have ended up with my spirit torn into pieces.

My argument about being independent in life is related not only to my daily needs, some of which others help me to satisfy, and some of which I can achieve by myself very well, thanks to Allah (ﷻ). I am also referring to my independence in taking key decisions regarding all aspects of my life.

I say no whenever I feel it is an appropriate answer. When I say yes to anything, I say it with a strong will, not because I feel inferior or compelled by circumstances. I do not feel inferior because of my disability; nor do I try and use it to gain people's sympathy or to get what is not rightfully mine. On the other hand, the impairment of my movement does not make me hesitant to speak up for my rights.

I no longer waste my time asking: Why me? Often I either forget or ignore my disability. This is not to escape from reality, but to face reality and to develop new means for coping with it.

That has arguably increased my self-confidence to a level I had never imagined, either before or after my accident. Now I feel satisfaction and take pride in my achievements, even those that were modest, throughout the years I have lived with disabilities. I have learned to deal honestly with myself before dealing with others in the same way. I am not reluctant to express my contentment loudly, but I am a good listener as well.

A person who has a tentative or defensive manner will not be able to honestly express his or her feelings and will consequently forfeit his or her rights. If others recognise this weakness, it is tempting for them to ignore one's point of view. I learned that behaviours like giving subtle hints, demonstrating weakness, worrying, and being

submissive, serve only to reduce one's self-esteem and have little or no impact on others.

During my first few years of coping with disability, I had to learn methods and skills by which I could handle the social challenges that I encountered. This encouraged me to think of myself first as a human being, and only secondly as a person with disabilities.

I tried at first to emphasise my existence. I invented a mechanism for myself by which I could sense the feelings of others and ask them to respect my existence and my will. I call that mechanism my 'ego' because it involves defending my own ideas, feelings and desires while showing consideration for others as well. This way I maintain respect for myself and for others, while at the same time expressing my ideas and desires clearly and precisely, standing up for what I say and what I want.

As I have previously mentioned, I have also become more satisfied and contented, and I thank Allah (ﷻ) for that.

﴿ الْحَمْدُ لِلَّهِ رَبِّ الْعَالَمِينَ ﴾ (سورة الفاتحة: الآية ٢)

«[All] praise is [due] to Allah, Lord of the worlds.» (Qur'an 1: 1)

I do not claim to have achieved what others could not; my point is simply that I continue to lead my life with a yearning spirit that is searching freely for a place under the sun, even if it is imprisoned in my body.

It is natural to feel self-confident. I cannot cry over spilt milk or remain haunted by the past. The past is gone; my present life is very different even though it is modest. The way I perceive myself is also different. I am truly convinced that I have achieved something that was nearly impossible.

Had I overcome my disability, coped with it and used it to make a new life, the confidence that I gained would be worth a

formal study. When I referred to reconciling myself to the disability, I meant employing these terms and results to build a new life from the ruins of the previous one, creating new dreams within the limits of what was possible in the future for my marriage and other aspects of my life.

Undoubtedly, the way people deal with unexpected events and difficult changes affecting their lives differs from one person to another. It is normal for them to feel sad when they realise that they have lost many things and are now unable to even satisfy their simplest daily needs. If that temporary trauma haunts someone every hour of the day, though, then it is considered a psychological condition. Relatives, friends, and others who are good listeners can help overcome that.

It was not my own abilities that made me a hero; I became one because others helped me, and they are still doing so.

Some people believe that disabled people suffer from paranoia (feeling overly suspicious of others) and see themselves as oppressed, with their rights violated, their lives marginalised, and their pride lost. They may misconstrue the behaviour of others, believing that they are talking about them. They are extremely sensitive and may judge people's reactions severely, assuming that they meant to offend them. This is yet another obsolete impression, even though it might be explained psychologically.

Sometimes I feel unable to deal with the pressures of my daily life. At these times, I try to use some techniques that I feel I have mastered in order to reduce the impact of these pressures on my psychological health. One technique is to simply ignore all that is going on around me. I gradually relax my mind and nerves by doing breathing exercises, which help me to reduce the physical and psychological tension.

Doctors and specialists also agree that laughter reduces the impact of psychological pressure on mental and physical health.

Of course, it is not a decisive treatment for the actual pain, but it does help to reduce the level of frustration. Living with the daily consequences of disability, I have discovered that watching a comedy, reading a humorous essay, or enjoying a good conversation with a friend has a positive influence and helps me overcome my distress.

Making myself busy with, and concentrating on, a specific task allows me to ignore and sometimes forget the everlasting pain related to the spinal cord injury. I will discuss this 'nerve roots pain' later.

The positive aspects of life, including the support extended by those close to me or other members of the society, and my attempt to stay good-humoured as much as possible, have been instrumental in improving my life. I think that all people with disabilities find some support at different levels.

Some people – especially those who have never been closely acquainted with a disabled person – believe that those who are severely afflicted must be unable to enjoy the pleasures of life that help one get rid of daily worries, and that they must have lost their zest and desire to live.

There are many factors that play vital roles in improving the lives of the disabled, including: work, financial security, access to health care, strong family ties, a happy marriage, good relationships with others, intimate friendships, opportunities to help and encourage others, education, reconciliation with oneself, the ability to express oneself skilfully, hobbies, and participation in public activities. In fact, these factors can improve the lives of anyone who deals with hardship, whether or not it involves a disability.

On the contrary, there are issues that can turn the lives of the disabled into a living hell; no amount of patience, strong will or strength can overcome them. These conditions may include, but are certainly not limited to: financial problems, the severity of the

disability, difficulty in finding a job, not being accepted as a marriage partner even if the type of disability allows marital relations, and not finding someone to provide adequate care when it is needed.

It must be noted that the requirements of people with disabilities are very expensive. They are always in need of prosthetic devices, medical care, suitable physiotherapy treatments, exercise equipment that helps them stay healthy and fit, and other expensive gear that may not be available in public hospitals. Also, they need adjustments made to their houses, cars and other items, for ease of use.

CHAPTER 10

LOSING SENSATION IS NOT EQUAL TO LOSING SENSES

It is a misconception that most people with disabilities are sexually impotent or unable to produce children as a result of spinal injuries.

Before delving into this chapter, we must be aware that this assumption is incorrect. The location and severity of the back injury determine the degree to which the reproductive system, and consequently the ability to make love, has been affected.

In societies that are taking their first steps towards accepting the disabled as normal individuals, their right to marry is dealt with very conservatively. They believe that the idea of their getting married and having children is very sensitive and should not be discussed explicitly. Such an attitude leads to widespread ignorance and misunderstanding in relation to one of the most important aspects in the life of the physically impaired.

The inability to have conjugal relations and to bear children is an important factor in making both the wife and husband realise the consequences of losing sensation in many parts of their bodies, especially those directly related to the reproductive system. The most powerful impact of spinal cord injuries is related to an individual's ability to reproduce.

That is what makes one feel a great loss; it influences the way one perceives oneself and the future of his or her marriage,

especially in the first few years following the injury. Those injuries haunt him or her with an ongoing obsession, which continues even after the person manages to overcome the initial problems and consequences of the disability.

That problem becomes greater in our society, which usually links manhood with the ability to have intercourse with one's wife. A man's ability to establish an intimate relationship with his wife determines his ability to enjoy sexual intercourse and to enrich it as much as the conditions allow.

Certainly a man's desire to make love remains unchanged after the injury. The difference is that special arrangements are now required to help him fulfil his desires, unlike the ordinary practices that the couple engaged in before the injury.

I admit I was hesitant to discuss this topic in detail, but it is an important subject, and there are some facts that should not be ignored.

Some people may think that I have no right to discuss this matter because I am not a doctor. However, I am addressing it because I have read so much about this particular aspect of life for the disabled, and I have corresponded with many couples and gained insight into some of their daily private affairs. I collected this information during my rehabilitation period in Britain and while in the USA later for further rehabilitation. My information was augmented through a number of periodicals and specialised magazines.

I discovered that:

- Spinal cord injury does not lead to the end of sexual desire or decrease it in any way.
- Impairment of movement does not mean that a husband and wife are not able to enjoy each other.
- Losing sensation does not lead to losing one's senses.

- Losing the ability to have intercourse does not mean that the person has lost the desire as well.

Undoubtedly, making love should be an act that results from some kind of intimacy; it should not be merely a result of lustful desire and need. That level of loving intimacy requires frank dialogue between the husband and wife so that together, they can discover new and sensitive avenues for enjoyment that they may not have previously considered. Many who are physically impaired confess that they have discovered new means of enjoyment through different parts of their and their spouses' bodies. They admit that they had not paid any attention to them before.

The question may arise: if a person with a spinal cord injury does not feel any sensation below the location of the injury, how can he or she enjoy marital intimacy and make love? I admit that this was the first question that echoed inside my troubled self as well. I asked myself that question as I listened to the social rehabilitation specialist after she had given me a book in which the author recounted his forty years of experience in treating spinal cord injuries. This book said:

Doors are not closed before those who were afflicted with injuries that made a defect in their genital systems; there are more than a thousand ways that enable man to enrich his matrimonial life and substitute for many things he had lost not only in that aspect but in all aspects of life.

The specialist assured me before ending her talk: "You are the only one who can find these ways and employ them in a manner that makes your life and your partner's life very happy." I was astonished to hear her talking about the impact of spinal cord injuries on the genital system and on sexual intercourse.

I heard that question during my first years of injury, and it is still on the minds of many people. They might not ask directly, but

every gesture in their talk refers to it. Some of them want to know the answer only for the sake of curiosity, while others really want to understand.

The answer is that sensation is not the only way to enjoy making love and having intercourse, although it is the decisive element in satisfying that desire. An individual has many other body parts above the level of the back injury, so both partners can employ these parts to enjoy a feeling of contact. With the help of the brain, excitement can be aroused to enrich their love and satisfaction, but this can only happen if both of them truly desire to please their partner and satisfy their physical needs.

As we know very well, the intimate relationship between spouses is not represented only in a passing physical contact. Making love is a both a spiritual and physical interaction, and the spouses need both types. However, if the intention is merely to satisfy a physical need, the matter is different.

At the social level, the impression is that the appearance of a man or woman sitting in a wheelchair is not appealing and does not create any attraction, which is usually the first step in creating a familiarity between a man and woman who are contemplating marriage. Therefore, it is very difficult for disabled people to find spouses who accept them as they are and wish to marry them.

Every individual has the right to get married and have children. Allah (ﷻ) has equally endowed all human beings with that right, without excluding those who have lost the ability to see or hear or those who have had an accident that has impaired some of their abilities or the function of some of their organs.

The Prophet (ﷺ) said: « He who can afford to marry should marry, because it will help him refrain from looking at other women and save his private parts from engaging in illegal sexual relations. He who cannot afford to marry is advised to fast, because fasting will diminish his sexual desire. » (Muslim)

All disabled individuals have the right to marry, if their impairments do not prevent them from carrying out their matrimonial duties.

Some of our Islamic and Arabic traditions prevent a man and woman from getting to know each other before marriage, but this is allowed if they are about to get married. Our discussion about this aspect should not be considered as going against social traditions and religious values. The programmes defending the rights of the disabled in the society must deal with this issue, though, and give due attention to those who do not have the information that is essential for leading a successful matrimonial life. This human aspect should be considered as a study and employed to suit different societies' characteristics, cultures, religions and ways of dealings with sensitive matters.

Such concepts as the inability of the disabled to take care of their children, and to bring them up in the same way as other parents, might have increased the hesitation of society to encourage disabled people to get married. In fact, researchers, social studies and the experiences of many disabled individuals have proven that the spinal cord injury does not prevent them from having children or acquiring parental skills that help them take care of and bring up their young ones. It is true that some disabled individuals are unable to carry a baby; they are also not able to feed or wash a child. Fortunately, they can overcome such problems with the help of relatives and other family members, especially in our societies, where there are many kindred souls willing to help out others in need.

The issues of making love, marriage and having children are very complicated ones that cannot be addressed adequately here due to space constraints. I apologise for not elaborating and explaining further, and I must reiterate that my text is not to be taken as a guideline for overcoming the challenges of disability. I am definitely not qualified enough to be writing such texts yet. I only wish that

the hospital departments dealing with patients who have spinal cord injuries were always able to provide them with the medical consultations they require.

Regarding the issue of sexual capability, I recall my acquaintance with a young man during my previous journey to England for treatment. His name was Mudhaphar; he was about 30 years old and married, with five children. He was suffering from kidney-related problems. He was the descendant of a family that enjoyed great commercial and political position in his country; as such, he managed certain business affairs for the family, including breeding camels and managing commercial centres.

I introduced Mudhaphar in this manner to show how his life, full of family, social and commercial activities, was transformed into the life of a disabled man, unable to even push forward his wheelchair.

Upon his arrival at the hospital, Mudhaphar refused to be moved from his room or to sit in the wheelchair. There were no reasons to justify his refusal, but I overheard some of the nurses saying that he apparently thought that his injury was not serious and that he would walk again very shortly. Hence he felt no need to get used to a wheelchair. His denial led him to refuse all the things which were required for rehabilitation.

He was sent for physiotherapy, where the first priority was to restore his masculine power. Physiotherapists, some of the other patients, and other individuals exerted incredible and multiple efforts to convince Mudhaphar to submit to the rehabilitation programme. They promised him that his masculine power would be restored very quickly if he accepted physiotherapy. Mudhaphar reluctantly arrived in the physiotherapy section, after another round of exhausting attempts to convince him to use the wheelchair.

It was very difficult for the staff there to deal with Mudhaphar because he was convinced that his case was different from those

of the other patients, who were lying on the floors and the beds. It seemed as if someone had firmly implanted that idea in his mind even before he had arrived at the hospital.

The physiotherapy programme included tying the patients with belts and bands onto a table erected vertically, so that their bodies would be straight and upright. The basic aim of these physiotherapy sessions was to activate the blood circulation in the body's paralysed parts and bones. It was normal for a new patient to feel that this position was humiliating, especially if that individual was a nomad like Mudhaphar.

Martina, a German physiotherapist with a sensitive heart, worked ardently. When she encountered a troublesome patient, she simply took it as a challenge and went about her work. Mudhaphar's case was very different, though, for he was not just a troublesome patient. A major problem was that he considered everyone who attempted to treat him as offensive. In his eyes, they viewed him as being handicapped.

All the attempts and negotiations to convince Mudhaphar to stand up, tied to the table, failed. He refused to even come closer, seeing no reason to submit himself to that kind of humiliation.

By this time, I had already gained fame as a translator for the residents since Abu Mash'âl's misunderstanding with the kitchen worker. I suggested that Martina inform Mudhaphar that obeying the instructions in the physiotherapy programme would help him regain his masculine activity very shortly. This worked as I had expected; Mudhaphar agreed to comply and stand up. From then on, he attended all the physiotherapy sessions actively and enthusiastically.

Another funny incident occurred once when Mudhaphar and I were sitting in one of the hospital corridors. We were discussing some private matters, including Mudhaphar's primary fear.

I asked him jokingly: "Imagine that you have two choices. The first one is to live all your life as a person with disabilities, but enjoying complete masculinity. The second one is to regain your health as it was before your accident, but without any level of masculinity. Which one would you choose?"

I had never witnessed a man hesitating between two choices the way I saw Mudhaphar struggling just then. He remained silent for a long time, straining his mind and weighing the options until his brother Sâfan appeared from a corner. Mudhaphar shouted, asking him to come forward and help him choose the best option.

CHAPTER II

A DESIRE FOR LIFE

When disability becomes a challenge, it increases the chances of achieving self-satisfaction.

It has been said that those who are not fortunate in life are more eager to live than others because they hope to get those things from life that others could not. Does that desire for life mean that they are afraid to die? Do patients think about death more than others, especially when most of their bodies and abilities are paralysed? Is there anyone who does not fear the end, or does not fear being alone in the grave?

That is, without exception, the essence of a human being's struggle to live, from the early days of life. All of us want to live longer, even if our days are full of pain – even if the pain seems tougher than death itself.

One night many years after my accident, after I had become adjusted to my injury and its impacts on my spirit were reduced, I said to myself: "Allah is the only One who decrees our fates." Nevertheless, I imagined that if I were asked how many years I would like to live, I would hope to live only for ten years, even though I could wish for more. Dreams are free, after all. However, I thought that my physical condition would not allow me to live more than that.

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Today, after twenty years, I ask myself the same question: Why?

The answer is simple enough. Today I am better off psychologically than I was before, though my physical pains are more severe and cruel. My means of resistance have also developed and become fit for the challenge. They might not heal my wounds or wipe out my pain, but they limit their impact and, most importantly, ensure that I do not give up.

Before, the struggle was between an exhausted body and a strong will that refused to give up. Today, after many years, that struggle is still going on, but my self-esteem has supported me in overcoming my disability. I have not gotten rid of it, but its impact on my life has lessened. That is what I mean by 'coping with disability'.

I have achieved another victory by living through such a long period coping with my disability and its cruelty. I have done so by clinging to the hope that tomorrow will be better than today, just as yesterday was better than the day before.

I am not glorifying myself, nor am I obsessed with presenting myself to others in a way that substitutes something for what I lacked. I have not felt weakness or inferiority that prevented me from expressing my feelings. I never hated myself or wished to be someone else.

Some people would call that a strong will; others would consider it believing in fate. Anyone who firmly believes in Allah (ﷻ) must know that whatever happens to him or her is a trial from the Almighty, according to His will and wishes. Allah does what He wills; He manages everything, and it is He Who gives life and causes death. Allah (ﷻ) is able to do all things. We have to accept what He does and remain pleased with His acts.

Prophet Muhammad (ﷺ) replied to the angel Gabriel, when he asked him about faith: « Faith is to believe in Allah, His angels,

His books, His messengers, and the Day of Judgement, and to affirm your faith in the divine decree, whether good or bad. » (Bukhari and Muslim)

Allah (ﷻ) mentions:

﴿ آمَنَ الرَّسُولُ بِمَا أُنْزِلَ إِلَيْهِ مِنْ رَبِّهِ وَالْمُؤْمِنُونَ كُلٌّ آمَنَ بِاللَّهِ وَمَلَائِكَتِهِ وَكُتُبِهِ وَرُسُلِهِ لَا تَفَرَّقُ بَيْنَ أَحَدٍ مِنْ رُسُلِهِ وَقَالُوا سَمِعْنَا وَأَطَعْنَا غُفْرَانَكَ رَبَّنَا وَإِلَيْكَ الْمَصِيرُ ﴾ (سورة البقرة: الآية ٢٨٥)

«The Messenger has believed in what was revealed to him from his Lord, and [so have] the believers. All of them have believed in Allah and His angels and His books and His messengers, [saying]: We make no distinction between any of His messengers. They say: We hear and we obey. [We seek] Your forgiveness, our Lord, and to You is the [final] destination.» (Qur'an 2: 285)

With patience, people can overcome their plight and be more content, especially when they know that in the hereafter, they shall be greatly rewarded for their patience. Allah, the Almighty, says:

﴿ ... وَنِعْمَ أَجْرُ الْعَامِلِينَ ﴾ (سورة آل عمران: الآية ١٣٦)

«...and excellent is the reward of the [righteous] workers.»

(Qur'an 3: 136)

Allah, the Almighty, also says:

﴿ مَا عَنْدَكُمْ يَنْقُذُ وَمَا عِنْدَ اللَّهِ بَاقٍ وَلَنَجْزِيَنَّ الَّذِينَ صَبَرُوا أَجْرَهُمْ بِأَحْسَنِ مَا كَانُوا يَعْمَلُونَ ﴾ (سورة النحل: الآية ٩٦)

«Whatever you have will end, but what Allah has is lasting. We will surely give those who were patient their reward according to the best of what they used to do.» (Qur'an 16: 96)

I found that I was able to minimise the calamity by focusing mainly on the parts of my body that remained sound. This activated

energy that only emerged because of my desire to live. In my opinion, the desire for life stimulates power. When that desire is available, it provides a person with enough motivation to live for another day. The new day might be better or worse than the day before it, but one can only know that by living through it.

Without a doubt, life has an ambiguous appeal that makes us eager to live another day. What is the use, though, of living a day full of self-hatred, physical pain and suffering? I never ceased to ask myself that question whenever my pains became severe and I felt the narrowness of life. I had no answer, except for the words of the poet who said: "*A wide scope of hope enlarges the narrow scope of life.*"

I have overcome the impact and challenges of my disability and now know how to cope with it to reduce any physical losses.

My problem is not related to psychological pain, which is no longer a burden on my spirit. My real problem is related to physical pain, which is increasing in different forms. My desire to live, as much as my conditions permit, has neither weakened nor abated.

In spite of the dreadful impact of the disability, its sufferings do not create absolute despair. Instead, they awaken exhausted desires that result in other visions and explanations for life and people. They take the meanings of things and make them incarnate. Only then can one have a positive vision regarding oneself and have hope in life that tomorrow will not be worse than today. The value of that achievement is indicated by my coping with disability for all these years.

I faced all this pain and suffering, yet I managed to maintain my desire for life, even though I was confronted with all kinds of calamities. Life is too short. We should make it more beautiful even if it has lost its bloom; otherwise, it will only become more cruel.

How foolish is the one who decides to give up because of current circumstances, or because the future seems foggy! He or she

exerts no effort to change the present, to face the future or to resist the pain, which will only increase if one submits to it on its own terms. Feeling bitter, crying over the past or becoming desperate because of the future only increases the pain.

My disability made me suffer much pain, but the most acute is that of the nerve roots. Though these pains have become a regular part of my life, they sometimes combine with other effects of disability to make me succumb to compulsory seclusion. At these times, it is as if my feeling of humanity is choking inside me, and I lose the desire to live. I become interested only in acts that are necessary for life, such as the need to eat to curb hunger, and I read to kill time, not for the sake of gaining more knowledge.

During these moments, I feel the impact and challenge of disability escalating on my body, not on my psyche. I feel that I am always in a struggle with the effects of my disability, a struggle whose results are different from other struggles. That struggle wants me to submit, to give up, to cry and ask myself: Why me? Nonetheless, I resist and refuse to succumb.

I then consider my struggle and challenge as a kind of strife, so I have to be stronger and more powerful to face it.

What's more, I am heavily burdened with thoughts of the coming days: reaching senility, loneliness and weakness. I have no power to prevent that fate. Then a question echoes inside me: Will I be able to resist? I think that the coming days will not be in my favour, and that my resistance will be considerably weakened.

The best thing for me to do now is to prepare myself, physically and mentally, for the later years of my life so that the health consequences do not become a burden on me suddenly. I am hopeful that I might have new tools for resistance by that time. Allah (ﷻ) knows best.

Forming and maintaining ties of friendship took another turn after my accident. The nature of my disability limited my contact

because it restricted my opportunities for meeting people and visiting the places where they gather, such as workplaces, clubs, restaurants and other meeting points. Consequently, my friendships were fewer in number – but higher in quality – after my accident. I became very well-acquainted with new friends or those whom I knew very little about before. I also boosted my relationships with some of my old friends.

Keeping active social relationships with sincere friends, who were concerned about me and tried to please me, played a vital role in pushing me to continue my life despite all the obstacles. Friendship is one of the bases upon which my life is built. If I had not encountered such humane and positive attitudes, I truly would have suffered too much.

Good friends, personal interaction and a sense of self-importance earned through working, interacting with the society and belonging to it as a productive member... these enable me to face the challenges imposed by the social barriers (the mistaken social concepts and judgements towards the disabled and the reality of disabilities and their impact) and the physical barriers that limit my movement and consequently escalate the impact of my disability, physically and psychologically. Only those who have suffered from a similar condition can perceive its true dimensions and reality.

These social, physical and psychological barriers cause physically challenged people to be isolated from the society. They might also delay their merging into the community and might prevent them from learning to depend on themselves, thus developing a sense of independence that allows them to share their responsibilities on an equal footing with other members of the society.

When I returned to my company, it was difficult for me to accept the idea of working as a translator instead of as an industrial

engineer. My new work environment was completely different. In the past, it had consisted of drilling devices and oil stations; now it was made up of a table, a typewriter, a pen and an eraser.

Using these tools posed another problem. Since all the hand-related activities depend basically on the thumb and index fingers, I could not carry out the simplest tasks, such as holding a pen or a spoon.

Perusing a book or a magazine was impossible for me; I needed someone to help me. I had lost the simplest physical abilities as a result of this injury. To face all these challenges and more, I had to discover and invent suitable tools with which I could complete my work and have some degree of independence.

My engineering background inspired me to work continually to invent things that facilitated my daily requirements. At first, I did so out of necessity, but later it became one of my hobbies.

When I started my new job, my colleagues encountered great difficulties in trying to revise or print my translations because it took them a very long time to decipher and comprehend my handwriting.

I used a multi-purpose tool for that job: a leather belt with a pocket that could hold a pen, a spoon handle, a knife, a toothbrush or another tool, fastened across my palm with a Velcro clip. I tried patiently and firmly for a long time to improve my handwriting until it came closer, in terms of speed and readability, to the way it was before the accident.

More recently, the advent of personal computers was a turning point in my performance at work, and it enriched my daily life as well. With the computer, I could access, collect and save data related to my work or other areas of interest, simply by pressing the right buttons. This enabled me to function without a manual search for information in references, files, papers or notebooks, which I could no longer do.

The word processing program helped me improve the quantity and quality of my work. Being able to use the mouse, keyboard and scanner allowed me to operate engineering, planning, and colour painting programs. I had assumed that I would never enjoy those hobbies again!

With the advent of the World Wide Web and the Internet, the computer became a cheap, easy and valuable source for acquiring any information that I needed. The Internet also opened wide horizons for connecting to the entire world, chatting with people and reading news available in the mass media.

Information technology has contributed significantly towards removing the barriers that previously hindered disabled people from enjoying many facilities that they were unable to access on their own before. They can now access the latest inventions and specialised devices by pressing only one button. They can also shop online to their heart's content without needing to go anywhere.

Three years after my injury, I went to the United States for more rehabilitation. I also wanted to explore the possibility of having a surgical operation on my left hand, to set the positions of my fingers so that I would be able to use a pen and other tools without needing substitution devices. After doing a thorough examination of the unaffected nerves in my hand, the doctors concluded that surgery would not really improve the movement in my fingers.

I did not come back empty-handed, though; the doctor had suggested that I try to learn how to drive. That was definitely beyond my wildest dreams. How could someone who had lost the ability to move his legs, and some part of his hands, drive?

During my first attempt at driving, I steered the car by placing my right palm on a special handle that was inserted in the steering wheel. Another handle was inserted on the left side, so that the palm of my left hand could operate the gas pedal and the brakes. My fears

vanished immediately; I was astonished at how easily I could drive using these simple devices.

No one can imagine my feeling of exhilaration at that moment. I felt as if I was flying a jumbo jet instead of an old car in one of the poorest areas of Los Angeles, where there were no other cars in my lane.

The doctor's suggestion, and my hope that I could drive again, planted inside me emotions that words cannot describe. I had never imagined that I would ever be able to drive again; I thought I had lost that ability forever. Now I was able to move in any direction I liked – forward, backward, right, or left – and to stop or go ahead.

I was impatient! Before the first lesson was even finished, I asked my instructor to let me go back to the training centre so that my wife could see what had happened. In my memories, I am completely sure that when she saw me drive, Fâṭimah had exactly the same feelings as I did.

Our happiness was just as great as that incident. I went further, asking the instructor to let her accompany me in the car. He was hesitant because the centre's instructions understandably did not allow that; nevertheless, he was so mesmerised by our mutual happiness that he agreed.

That event is still etched in my memory; it has not faded away as quickly as other feelings and events have. I still remember every exciting detail of that scene, especially the happiness that I gave to my wife after thinking that there was nothing I could do to please her anymore.

Upon my return to Oman, I purchased a good car and installed the driving device. I began my training by driving in remote streets, away from public places and residences, in order to acquire a driving license. With the help of the manual control device, I passed the driving test on my first attempt.

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Driving added to our life a new taste and a wonderful enjoyment. We now had some level of independence, since we could go out at any time to any place we chose.

I did not confine myself to driving inside the city. I drove towards Muscat, Sur and the neighbouring United Arab Emirates without any difficulty at all. We were no longer dependent on others.

I spent ten years driving wherever I desired, and I was not involved in a single accident, thanks be to Allah (ﷻ). Still, I was astonished to observe how trusting my passengers were, sitting in the car beside me while I drove, since they knew very well the limits of my physical abilities and that I could not even use a spoon as most people could.

CHAPTER 12

IS IT A WIN OR A LOSS?

It is difficult for anyone to let go of a loved one willingly, but when one renders such a sacrifice to attain a nobler end, it can be seen as a kind of victory.

Many years had passed since that day when I witnessed the smile shining on Fâṭimah's face as she saw me drive again. It was like a dream, and what a wonderful dream it was!

Unfortunately, our matrimonial relationship had passed away as well. Even our departure was exceptional.

During my last weeks in Britain, nothing brought me as much pain as thinking of my married life and my future with Fâṭimah. As soon as the doctor informed me that my treatment was almost over and that I had to prepare for my return to Oman, many questions echoed inside my head: What would married life be like? Would our marriage endure? If so, for how long? These questions paralysed my mind to the extent that I could not think soundly for several weeks.

The possibilities were slim, and the estimations were fragile. I was so perplexed that I could not answer even the simplest questions regarding that aspect of my life. I used to ask myself: Do I have the right to ask Fâṭimah to stay with me? Should I expect that sacrifice from her?

Driving added to our life a new taste and a wonderful enjoyment. We now had some level of independence, since we could go out at any time to any place we chose.

I did not confine myself to driving inside the city. I drove towards Muscat, Sur and the neighbouring United Arab Emirates without any difficulty at all. We were no longer dependent on others.

I spent ten years driving wherever I desired, and I was not involved in a single accident, thanks be to Allah (ﷻ). Still, I was astonished to observe how trusting my passengers were, sitting in the car beside me while I drove, since they knew very well the limits of my physical abilities and that I could not even use a spoon as most people could.

CHAPTER 12

IS IT A WIN OR A LOSS?

It is difficult for anyone to let go of a loved one willingly, but when one renders such a sacrifice to attain a nobler end, it can be seen as a kind of victory.

Many years had passed since that day when I witnessed the smile shining on Fâtimah's face as she saw me drive again. It was like a dream, and what a wonderful dream it was!

Unfortunately, our matrimonial relationship had passed away as well. Even our departure was exceptional.

During my last weeks in Britain, nothing brought me as much pain as thinking of my married life and my future with Fâtimah. As soon as the doctor informed me that my treatment was almost over and that I had to prepare for my return to Oman, many questions echoed inside my head: What would married life be like? Would our marriage endure? If so, for how long? These questions paralysed my mind to the extent that I could not think clearly for several weeks.

The possibilities were slim, and the estimations were fragile. I was so perplexed that I could not answer even the simplest questions regarding that aspect of my life. I used to ask myself: Do I have the right to ask Fâtimah to stay with me? Should I expect that sacrifice from her?

Nurse Val always responded to my questions by asking me another one: "If your wife had been afflicted with such an injury, what would you have done?"

Frankly, I could not answer her then or even after I had reconciled myself to my disability. I could not pretend to be a knight in shining armour. What troubled me more and aggravated my sufferings during the first few years after my injury was the fear that our love would end before our marriage did. That fear stirred me because that was something I could not bear.

I try now to recall the history of our matrimonial relationship and love after the accident. We spent the first year discussing the matter of our separation and the impact it would have on each of us. There were many changes during the first five years following my accident, ending in our quiet separation by mutual consent.

I no longer find it difficult to talk about this important aspect of my life, which concerns not only me but also Fâṭimah, who died one year later. I will only say that I lived my life without any troubled feelings or discrepancies. I was very sad on the day we separated, and tears blurred my eyes. Despite my sorrow, however, I no longer felt imprisoned. I was like a prisoner who had been set free.

It is difficult for anyone to let go of a loved one willingly, but when one renders such a sacrifice to attain a nobler end, it can be seen as a kind of victory.

I would like to explain what I mean by the word 'willingly', but the reader might feel it is useless or that I am flattering myself. I am also afraid that some of my readers may call me a narcissist, so I leave them to come to their own conclusions in terms of my character, with which they are quite familiar after reading this much of my story.

CHAPTER 13

CHALLENGES OF DISABILITY

My soul was affected more by my fears of dependency and poverty than by any other effects of my disability.

People with disabilities face innumerable obstacles on a daily basis. Some of these challenges are related to their physical condition and the degree and type of disability. Others are related to the material environment, which might be considered the most important social challenge imposed by members of society on those who suffer from deficiencies in some organs of their bodies, although the society is usually unaware of such a practice. Still others are related directly to the perception of disability; I see this, for example, when a waiter asks my dinner companion what I would like to eat, instead of asking me.

In this connection, I would like to mention the following incident: A nurse was talking to my companion about the medicines prescribed for me and other things related to my visit to the doctor. She did not look at me or pay any attention to me at all. I remained patient until she finished talking, then I called out to her. She turned to me as if she had just discovered that I was present. In a quiet but ironic manner, I told her that she had wasted her time talking to my friend, who knew very little English, and that she had better talk to me directly. I could have simply ignored that situation, but I chose to educate her so that she would not do the same thing

to any disabled person whom she might have to deal with in the future. Had not I given her such a lesson, I would have left that place with a broken heart.

Some people might perceive these challenges as normal, ignoring their impact on people with disabilities. I believe that they are doing so heedlessly, as they are unaware of the impact of their behaviour.

I would like to discuss some of the obstacles that affect my daily life. I am not mentioning them because I want to be proclaimed as a hero. I only wish to define the meaning of the word 'challenges' in the lives of people with disabilities, detailing their trials in all aspects of daily life.

I must state that these are my personal experiences only; I do not wish to generalise. Every disabled person faces specific challenges related to the nature or the gravity of his or her situation. The particular ones that I have faced include:

- Battling insomnia: I try to overcome this by making myself exhausted until I can doze off. I try to tire myself out by reading, writing, watching television or surfing the Internet.
- Changing positions while sleeping: To avoid bedsores and pressure ulcers, I have to make sure that I do not sleep only on one side. Therefore, I have to wake up every three hours to change my position, even though I have trouble dozing off again.
- Rising mercury: In a sound body, blood circulation works like the radiator in a car, pumping water into the motor. If the body has paralysed parts, though, their temperature increases in the heat, because the blood circulation is already faulty in those parts. A defect in blood circulation causes the blood to congeal, and this could result in clots. I face that challenge by stocking up on ice packs in case there is a power cut at home

or my car breaks down on the way somewhere. During most of the summer, I have to ensure that my body temperature remains lower than the outside temperature.

- Frequenting public places: Whenever I enter a commercial centre or any public place, people stare at me as if I were an alien from outer space. I rise to the challenge by smiling at them, attempting to cover their embarrassment and mine. It is also a challenge when I notice that the person serving me in a public place is trying to hide his or her discomfort. I smile at all such people, but I feel it becomes more uncomfortable for them, so I try my best to save them from this embarrassment.
- Holding a spoon: Yes, it is a challenge to hold onto the spoon and not let it fall while I am eating my favourite meal. I have to raise the dish up to my mouth and eat the fish as if I were drinking soup.
- Responding to children: Sometimes a mother drags her child off behind her because the child is staring at me, and she feels that her child's behaviour might embarrass me. I face that challenge by winking at the child and persuading the mother to let him or her come forward for a closer look.

These challenges indicate some of the difficulties which result from the physical disabilities of the organs. Overcoming them by facing any or all of the aforementioned trials is a great proof of a human's ability to overcome obstacles and to attain what he or she desires. The alternative is to let them grow until they heavily encumber those who are disabled and prevent them from enjoying the delights of life.

Another concern that haunted me prior to my return from Britain, even in my dreams, was not fear of death but fear of poverty. My own fears of dependency and poverty were crippling me more than my actual disability. I kept imagining myself as a disabled

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Another concern that haunted me prior to my return from Britain, even in my dreams, was not fear of death but fear of poverty. My own fears of dependency and poverty were crippling me more than my actual disability. I kept imagining myself as a disabled

person who had no job and no means to earn money, forced to live off the charity donated by benefactors. This image was truly fearful and humiliating. I would tremble at the thought of a future without any means of sustenance to enrich me and make me independent of others. I used to imagine my visitors and relatives trying to give me charity subtly. Oh, my God! I feared that day so much, but my hope in Allah (ﷻ) never lessened. Allah (ﷻ) says:

﴿وَلَنَبْلُوَنَّكُمْ بِشَيْءٍ مِنَ الْخَوْفِ وَالْجُوعِ وَنَقْصٍ مِنَ الْأَمْوَالِ وَالْأَنْفُسِ
وَالثَّمَرَاتِ وَبَشِّرِ الصَّابِرِينَ﴾ (سورة البقرة: الآية ١٥٥)

«And We will surely test you with something of fear and hunger and a loss of wealth and lives and fruits, but give good tidings to the patient.» (Qur'an 2: 155)

That fear might have been the stimulant that pushed me to resume my work at the company, thus insuring my life against poverty and retaining the power to say yes or no as per my free will, compelled by neither disability nor need.

In this connection, I recall an absurd situation that I dealt with, with an even more absurd reaction. The representative of the car insurance company came over to give me 500 rials as a compensation for my injury.³ Was my injury worth only that meagre amount? What a cheap estimation!

I knew very well that it was useless to negotiate and demand my rights. There were no laws obliging the company to pay due compensation according to the gravity of the injury and its impact on my life. I could not control myself. I asked the representative to return the amount to the employee who had estimated it and insult him on my behalf. I was really very angry.

³ This happened some years ago, but 500 Omani rials are worth about \$1,300 U.S. at the present time. (Editor)

Now, as I recall that situation twenty years later, I wonder if I would have reacted in such a way had I not been quite sure that my name was not on the lists of those needing charity. I did take it as an affront, as anyone would. But what strengthened my will to reply in that way was the fact that my company had helped to provide me with a secure life and had respected my human right to work on an equal footing with others. I was entitled to the same rights, so why had that company treated me differently?

It seemed so contemptible to compensate a man who had been inflicted with a disability that had overwhelmed most of his body with an amount of money that was as mean as the employee who had estimated it.

CHAPTER 14

A PURPLE HEART

How could I submit to the fetters of paralysis and live inside narrow, closed rooms? Especially since I had spent my life, from very early on, in spacious lands and wide deserts, contemplating the crystal clear sky?

When I began preparing the second Arabic edition of this book, I had no intention of talking about the wheelchair. I wanted to ignore it, just as I had in the first edition.

Tonight I attended the final session of the poetry night of the Fourth Omani Poetry Festival in the theatre at Sunaysilah Fort. At home later, I moved from my wheelchair to my bed. I printed out and began revising some of my work, and then I recalled what I had said previously about the difficulties I encountered during my rehabilitation and treatment in England. I had written that sitting in the wheelchair was the most difficult situation I had faced during my rehabilitation process; in fact, it might have been the most difficult in my whole life. I abruptly found myself in a world governed by the rules of disabilities, even though I had a sound brain just like that of a man with a sound body, who is able to move the way he wants.

Suddenly I raised my eyes from the papers and caught a glimpse of the wheelchair that was standing close to my bed. I

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Suddenly I raised my eyes from the papers and caught a glimpse of the wheelchair that was standing close to my bed. I

felt as if I were seeing it for the very first time! At that time, my perception of the chair was different from my inner thoughts about my relationship with that device.

On that rainy night, at the final festival party, young men had competed in reading fragrant poetry. They were not vying for prizes; rather, they were trying to create excellent poetry to suit that dreamy night in Sur. On that night, twenty-two years after my accident, my view of the wheelchair became drastically different. I felt as if it was a practical substitute for my afflicted legs, as well as my only means of achieving some independence. After all, it performs the functions of my legs.

I realised then that I had been ungrateful to that device. Seeing it as a symbol for all disabilities, I had never spoken even one good word about it during my discussions about disability. I closed my eyes and tried to think of my positive and negative relationship with the wheelchair, beginning from the first day I sat in one. Instead of seeing myself pushing my wheelchair through the corridors of a historical castle, looking at the paintings of the kings of England, my mind recalled an image which had never before held any meaning or importance for me.

I recalled a fellow student whom I met in the university library in Ohio, in the United States. He was disabled, and he used to treat his wheelchair as if it were a part of his body.

I used to take a half-hour break after every one and a half hours of continuous revising and preparing for my exams. I would spend the break in the library hall, where I had a light meal or coffee; sometimes I would just smoke a cigarette or peruse Arabic newspapers and magazines.

That student's face was a familiar one, not only in the library but in all the university's facilities. Such familiarity might have been related to his use of the wheelchair. He used it not only to

move about, but also to demonstrate his exceptional abilities at manoeuvring and avoiding collisions with the large numbers of students swarming the university passages and corridors.

He was older than most of the undergraduate students. Although he was well-known by all and greeted with the name Doug, an abbreviation for Douglas, he was almost always alone. I rarely saw him talking to others. He always sat alone in the university garden and moved alone in the passages and corridors. Even in the university library, he was a solitary figure.

Though I saw him frequently in the library hall, one day he drew my attention. It was the first time that I observed him secretly, while he cleaned his wheelchair very carefully with a piece of cloth that he had dipped in a special cleaning solution. He was scrubbing some parts of the wheelchair in the same way a person uses soap to scrub and clean the dirt between his or her toes.

When he finished his task, he put his tools and belongings in a bag that was attached to the back of his chair. I was reading *al-'Arabi*, one of the few Arabic magazines that the library subscribed to. I was startled by the sound of him shouting, insulting and striking the floor with his hand. I looked up to see him sitting on the floor with his wheelchair some metres away from him.

I hurriedly pushed the chair to him. I asked him if I could help him in any way, though I knew that he never asked for any assistance. I had watched him secretly many times as he moved easily from his wheelchair to the chairs of the rest hall or vice versa.

Without raising his eyes or looking at me, he thanked me. He was looking at his wheelchair and blaming it in the same way that one might blame a friend for deserting him or her. I left Douglas with his chair and resumed reading my magazine.

On his way out, Douglas passed by me as I was sitting, drinking my coffee. He stopped and thanked me again, but this time

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very warmly. Pointing to my cigarette box, he asked me to lend⁴ him one. I lit two cigarettes and put one of them in his mouth, then I set an ashtray in front of him and brought us each a cup of coffee.

After we introduced ourselves, I asked him: "Why are you always alone?" Fearing that my words would hurt him, I continued: "Like me, I mean?"

Douglas did not utter a word but continued to puff on the cigarette, forming circles of smoke. I went back to reading my magazine.

After a while, I heard him say: "I know why I am alone. Do you know why you are also alone?"

I raised my eyes and looked at him, replying: "Dear friend, I am alone because I am a stranger here." I smiled and asked him: "Tell me, why are you alone in your country among your family?"

He patted the two wheels of his chair, saying: "This is the reason." I laughed.

Douglas seemed to enjoy talking to me, and I benefited from our conversation, too. I ended up making my break time longer than ever. I lost many cigarettes during that sitting, but I was happy that he smoked them because I was trying to give up smoking anyway. That day, I was lucky because my stipend was almost gone, and I could only buy necessities. Douglas spoke about the topics I expected: his own world, pains and suffering.

In a melancholy and gloomy tone, he said: "All the people are walking on their own feet, as God prescribed that for them. However, He had a different fate for others, so he gave them tools to help them move about. I would like to add that those on whom

⁴ The Americans use the word 'lend' to ask for trivial things even from strangers not because they intend to return them, but to confirm that they would compensate you for your favour whenever you need something. (Author)

God bestowed His Grace and good health do not want to sit with or accompany the others. It reminds them that they could easily suffer the same fate due to a bullet, an accident or a virus that could handicap them.

"For a person like me, having friends is very difficult," he continued. "I am alone like you. I am here in my own country, among my family members, but I am still a stranger in their eyes. They see me as different." He elaborated as he rubbed an icon that he never took off his chest: "Though I have a Purple Heart."

"I want to talk with everyone as I am talking to you right now. I want them to know my real character: humorous and optimistic, sometimes sad and pessimistic, like you and like all of them. I'm not a trivial human being, whose existence and absence are the same for them. I am not a zero or merely the remains of unrealised dreams."

In fact, he did not try to talk too much about his disability, but he could feel that I wanted him to go further. I was now listening to him attentively, as if I had discovered a new world that I never knew existed.

"People think that the disabled are only crying over spilt milk, grumbling and complaining about people and life itself," he went on. "These days, everyone has many burdens and pressures, so they don't want with more trouble. That is what they think, but they are wrong.

"For example, it was only chance that brought us together. I am sure that your view of me has changed from what it was a month, or even a few minutes, ago.

"It's true that I can't visit as many places as you can. My movement is very difficult and slow, especially on unpaved passages or in the grass, but I'm a man with a strong will, which helps me get what I desire. I'm not angry or disappointed when I fail to get what

I want, I only stop because I resolve to try again the next day or the day after that, I only decide to pause, not to give up completely. I'll go ahead as I have already done with my wheelchair, as I am opening a dialogue with you now, and as I will do in the future. I won't give up!

"Did you know that I can tell jokes as well as comedians can? I play the guitar and sing. My voice might not be as sweet as John Denver's, but it is much better than many singers whom you listen to in ballrooms, in bars, or even on TV.

"Did you know also that I was engaged to a girl for more than three years? She left me but later came back and agreed to marry me. She said she couldn't imagine marrying anyone else. That time, it was me who refused – not because I didn't love her or didn't want her as my wife, but because I love myself more and don't want to be an alternative, for people to come to whenever they need it."

At that point, I had to end my talk with Douglas. I asked his permission to leave in order to study for my exams. I bade him farewell, promising to continue our talk later. As I was about to step out of the hall door, I heard him say: "You owe me something. Please, don't forget that." Pointing with my finger in the air, I laughed, saying: "You also owe me one thing: a cigarette. So we owe each other."

I had not asked Douglas what he had meant when he said he had a Purple Heart, because I did not want to seem ignorant. I had not asked what caused his disability, though that question often echoed in my head.

During the summer, I did not see him in the university, but I met him by chance one day, on my way to have lunch in a Greek restaurant in midtown, next to the studio where I worked for a short time.

He was with a group of people, each of whom had some disability. Some of them had lost their legs, others were using crutches, and most of them were sitting in wheelchairs. All of them were wearing military uniforms, and on their chests were pinned ribbons and medals, including the Purple Heart.

They were standing in front of a government building where a flag flew from a tall flagpole. They carried signs and flags, shouting and asking for compensation for their physical and psychological injuries. I then realised that they were soldiers who had been injured in the Vietnam War. The American society was still suffering its effects although it had ended eight years before.

I was curious to know what the Purple Heart symbolised. When I asked him about it, he explained that it was a badge of honour given to soldiers who were injured or killed in military battles. It seemed that Douglas was one of those heroes!

Before my injury, I had tried sitting in a wheelchair once when I had to visit the hospital for severe back pain. It had started as a mild pain but had become unbearable after a few days. Perhaps it was caused by sitting for many hours at my desk, studying and preparing for exams.

The doctor asked a young nurse to accompany me to the x-ray section, and she insisted that I sit in a wheelchair. I suspected that she asked me to do so only because she enjoyed pushing patients in it, because back then, it was supposed to be used only for those patients who found it difficult to walk. Nevertheless, I did not protest.

The nurse pushed my wheelchair energetically, making her way skilfully through the passageways and corridors of the hospital, which were crowded with doctors, workers and equipment. I could not have imagined then that I would one day find myself imprisoned in a wheelchair forever. I did not foresee a time when it would be like a part of my body, whether I was willing or reluctant.

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The nurse pushed my wheelchair energetically, making her way skilfully through the passageways and corridors of the hospital, which were crowded with doctors, workers and equipment. I could not have imagined then that I would one day find myself imprisoned in a wheelchair forever. I did not foresee a time when it would be like a part of my body, whether I was willing or reluctant.

I could not forget Douglas's words about the reasons for his loneliness: "...those on whom God bestowed His Grace and good health do not want to sit with or accompany the others. It reminds them that they could easily suffer the same fate due to a bullet, an accident or a virus that could handicap them."

I had gotten to know Douglas only by chance, and I did not even think of him whenever I saw a wheelchair or a disabled person sitting in one. Now, two decades later, as I recall our chance meeting, I feel an urge to reconsider my feelings towards the wheelchair. It stands there in the corner of the room like a tamed pet, looking at me and understanding what is going on in my mind!

My relationship with the wheelchair developed slowly after I got to Paddocks Hospital for treatment and rehabilitation. Katherine, the physiotherapist, told me after the daily treatment session that Dr. Walsh had asked her to train me to sit in it. She said that she would come very early on Monday to prepare me for the first trial.

Words cannot express the terror that consumed me at that time. I had been in denial until then. I knew deep down that I had to enter the world of the disabled and that I was only delaying my entry into that world, which was governed by new rules and terms. As soon as Katherine confirmed the appointment with the wheelchair, I knew that I had to finally embark on this journey of suffering.

Sitting and training on the wheelchair was not a temporary rehabilitation that I could do without in the future. It was the real beginning of the most difficult stage of disability. As a symbol of all disabilities, the wheelchair signalled the gravity of that stage.

During my first few weeks at the hospital, I did not pay any attention to the wheelchairs that were used by the patients or placed in the physiotherapy hall. They were of many different shapes and sizes, according to the kind of injury.

After Katherine informed me about my impending encounter with a wheelchair, I spent the rest of the week looking at them carefully and imagining myself sitting in one of them. It was not a very attractive image to me at the time.

How could I submit to the fetters of paralysis and live inside narrow, closed rooms? From very early on, I had lived my life in spacious lands and wide deserts, contemplating the crystal clear sky. I had opened my eyes to see the clear sky and wide lands and plains, where it was rare even to see plants or hear sounds. The wide deserts there were so silent that we could hear nothing except the whistling of the wind.

Over time, as I grew to depend on it, realised my need for it and mastered it, my perception of the wheelchair was transformed completely. I began to see it from another angle – not as a symbol of disability and inability to walk, but as an alternative device enabling the disabled to move freely and go about their life normally. It provides the conditions necessary to assimilate them into the wider society.

Affected by the poetry, the drizzle of the rain and the falling dust that night, I asked myself: "Without the wheelchair, would I have been able to attend this festival and enjoy this exceptional event?"

As I raised my eyes and looked again at the corner of my room, I imagined the wheelchair smiling at me, almost as if it was glad that I had begun to appreciate it after ignoring it for such a long time.

POSTSCRIPT

THIS BOOK IS ABOUT MY LIFE

I was surprised at how well the first edition of *A Taste of Patience* was received. After its launch, whenever I heard or read a positive review, I would eagerly peruse the final manuscript, with which I was familiar, searching for the possible reasons that readers of different cultures enjoyed it.

Many individuals from the Omani cultural arena reviewed the book in their studies and essays. Moreover, a great number of Arabic critics and innovators also showed their interest in this work.

In an essay published in *al-Khaleej* and *al-Watan* newspapers, titled "When writing comes alive, it substitutes for an injured body," Dr. Dhia Khudair, a well-known Iraqi critic and writer, said: "This is a unique book; it will stand out among similar works in the Arab and Gulf regions."

In her study, "Between the dilemma of a legendary hero and the inheritance of the patience of Prophet Job", Dr. Suada al-Farisi, an Omani poet and writer, expressed the problems of both the pain experienced because of an injury and the suffering of revealing that pain. She wrote:

The scenes of pain and human throbbing are many and notable; they fit the tension, conflict and worry inside the character as a result of the dilemma and the desire to talk about it.

After reading extracts of *A Taste of Patience* published in *Manal* magazine, Dr. Saleem Saber, a Lebanese doctor and writer, commented:

As we are able to overcome disability, we are also able to overcome ourselves, depending on the confidence that we gain from the disability itself. We have persisted in order to express our will, and we shall not go away.

The book received extensive coverage in the Omani mass media and some newspapers in the Arabian Gulf. It was translated into English, revised and published. I was interviewed on radio and for newspapers, and I was invited to attend several forums and cultural meetings in Oman and other Arabian Gulf countries. I spoke to audiences in public and private educational institutes, cultural clubs and centres for the care of the disabled. The Ministry of Education selected a part of this book as an applied text for the study of biography literature in the Arabic language curriculum for twelfth grade students, and it was included in the free reading list.

Although the first edition was released several years ago, I still receive messages from readers expressing their admiration for this book.

One of the latent advantages of writing *A Taste of Patience* was that I re-established contact with some of my old friends and relatives. I also met others whom I had not known before.

It is said that a book is an eternal entity; if a reader reads it after one year or after a thousand years, this means that it has made the author's name eternal. I do not care for that, though. I am concerned only that my book:

- Enabled some of my old friends to remember me after a long separation. I am happy to be in touch with them again.
- Encouraged others to introduce themselves to me because they liked the taste of patience, even though it is bitter.

- Enabled me to receive many messages praising my book, including one from a professional poet whom I had not had the opportunity to meet. He congratulated me for publishing my book, saying: 'New book and new wishes.'
- Enabled me to receive congratulations, conveyed by a mutual friend, from a writer whom I did not know before.
- Enabled an innovative poet, Salim Sa'id Al-Araimi – whom I had never met before, though he had the same family name as me and lived in the same city – to present me with a wonderful poem celebrating the publishing of my book. The poem is entitled: "Intertwined with Patience" and was translated into English by Şâlih 'Abdullâh al-Khamyâsi. It reads as follows:

*You proceeded to travel in a lighted room
Where pain melted in its sides
You were intertwined with patience
The persisting pain is sucking you until you were purified
You came and the honey of writing is dripping from you
We have forgotten the taste since the old days through books.
Is it you who has given patience the taste?
Or it is patience that furnished you with the taste?
Or is it that both of you are flames that have ignited
the pleasure in a moment of embrace?
It looks as if it has chosen you as a companion for
divulgence, in an era that lacks genuine companions.
Congratulations to you...
No, not at all.
It is the patience, which ought to be.*

APPENDIX

ESSENCE OF CHILDHOOD

Before the accident, my life – although short – had its fair share of significant changes and sudden twists and turns. In a sense, I had a variety of lives, and through all the contrasting experiences, I gained perceptions that allowed me to quickly adjust to new lifestyles without compromising the manners and morals of my cultural background by melting into them.

Fate transported me from a simple life in a remote village lost in the midst of the desert of the Empty Quarter, where life revolved around camel herds and caravans... through a coastal town where shipbuilding and seafaring were the dominant concerns of its inhabitants... then to a place where the lifestyle, culture, and values were in direct contrast to mine, where the people were occupied with Star Wars, microchips and spaceships, where they were obsessed with the prime-time soap opera series *Dallas* and its television puzzle: "Who killed J.R.?"... and to many other places in between.

The following words are an attempt to recall the spirit and features of people and places during the early years of my life. I have only my memory to rely on and only words to describe my memories. It goes without saying that mere words – no matter how proficient – can never adequately portray the pulse of a life that is rich, intense, and full of details.

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Two ironic perspectives are worth mentioning in this context. First, in spite of the fact that my physical hardships came as a

result of my car colliding with a camel, I feel no hatred for these beasts. On the contrary, I have a great fondness for them. I view the matter as the decree of Allah (ﷻ); I was only a victim of my destiny. Pondering the consequences of such a mishap by dwelling on 'What if...?' questions, which can never be answered, would lead to nothing but endlessly replaying the dilemma.

As for the second irony, you must first capture the spirit of the people and the place to realise its significance.

I was born in a small village called Wadi Murr (Valley of Myrrh), located in the eastern fringe of the awesome sands of the Empty Quarter, a vast desert on the Arabian Peninsula. My entrance into this world was not yet due when I unexpectedly emerged one summer morning. It was the year 1954, one day after my five-year-old brother, the first-born, had passed away. My childbirth cry was lost, unheard in the chaos of the mourning and wailing of my family; given the circumstances, my birth prompted mixed feelings.

I was not denied the first sound that an infant emits to announce the beginning of his existence, but I was given the nickname 'Awâdh, meaning 'replacement' – a tradition among some of the people of Oman when a baby is born shortly after the loss of an older child. However, my ill-fated start did not stay with me for long. My mother's next two babies were girls, thus allowing me to enjoy the privileges of being the only boy among three girls for quite a while until my younger brother showed up.

The village name, Murr, is the Arabic word for 'bitter'. It is also the name of the myrrh plant, which grows in Arabia and produces an aromatic gum resin with a bitter taste. The inhabitants of the village are called Bedouins (settled nomads), which in Arabic means 'the dwellers of al-Bâdiyah (the desert)'.

Although the everlasting struggle to survive in one of the harshest environments known to humankind has made the Bedouin tense, keen, and rugged individuals, they still have noble qualities

that are considered among all the Arabs an ideal that they would like to measure up to.

Traits such as generosity, a sense of honour, and hospitality are just a few of the many noble features of the Bedouin. However, the generosity of the Bedouin is not the lavish custom of the 'haves', intended to gain social status or to claim notability; it is the extreme willingness of the 'have-nots' to give up their last meal to an unexpected guest or to give away their only possession to help a needy person.

Wilfred Thesiger, the English explorer, spent five years with the Bedouin in the 1940s. He lived as they did in one of the harshest, most remote environments in the world, and he became the first European to cross the Empty Quarter, in the company of two young Omanis. He writes of them and their lifestyle with great admiration and respect in his classic book *Arabian Sands*, which describes this experience.

"Those five years I spent with Bedu [Bedouin] were the most important years of my life. They have a quality of nobility that I have met nowhere else. It is rare in my society but almost universal among the Bedu," writes Thesiger. "Not being a Bedu, it used to exasperate me when visitors were given the last of our food." He recalled one occasion when, short of food, they were travelling through the desert and passed by a package of Oman's finest dates lodged in a tree. "It was inconceivable that anybody would help himself to it," he said.

The social life of our village, though harsh and remote, lacking all modern facilities and surrounded by the apparent emptiness of vast sand dunes and barren gravel plains, was not as tedious as one would expect. On the contrary, it was a vigorous life, full of joy and far from anything that was disgraceful.

When I was allowed to step outside the house and separate myself from the family circle, I yearned to venture away. Out there,

everything began to arouse my senses and awaken my interest in exploring the world of the unknown – a world of things and people whose sounds and echoes had filled my imagination.

Because of my father's frequent absences, my maternal uncle, then in his early twenties, became my first guide, taking on the responsibility of leading me through my late childhood years. Through him I gained first an insight into, and gradually a familiarity with, the challenges of the desert, which demand a very specific set of values, structures and dynamics. He introduced me to the lifestyle of the Bedouin and taught me their ways.

I was not yet eight years old the first time my uncle took me along to graze herds of camels. We were out for days, roaming the arid gravel plains, woodlands and sand dunes in search of fresh pastures. Until our return to the village, we ate only dates and scarce small game; we drank only water from a skin bag and milk that the she-camel would spare after feeding her newborn.

It must have been around the same time that he gave me his newborn donkey. In my excitement, my affection for the small beast led me to name him after the village's popular radio station *Ṣawt al-'Arab* (Voice of the Arabs). Later, when the animal was old enough to be ridden, I became the only student who rode to school. Maryam, the neighbour's girl, delighted in the little donkey even more than I did. She asked me to let her ride him, but I refused – not on her account, but on his. Tempted by her tears and a bowl of warm camel's milk, I was persuaded to change my mind, and from that time on, he became available for rent. My business project was later expanded when my father brought me a bicycle from India; after that, there were two choices for my clients: either the back of a donkey or the seat of a bicycle. Unfortunately, it was not a successful business venture.

That was where I was brought up. It was there that I learned to recite the noble Qur'an, graze the herds and chant the songs of

the Bedouin. There I was trained to race a camel; to hold, aim and fire a rifle; to join the Bedouin riding out with their Saluki hounds to hunt gazelles and hares in the vast plains of the desert; and to not fear wolves. There I was raised to defend my family and our livestock in my father's absence.

There I experienced and was haunted by the guilt of wrongdoing when I shot a dog, leaving him crippled and dragging his back legs until his remains were found weeks later, having been attacked by the predators of the desert.

Wadi Murr was the place where I had opened my eyes to the vast dunes, barren plains and empty land. There I had learned from the Bedouin their highly-valued manners and customs. The images, tales and events that occurred; the environment; the traditions; the people and their way of living – those were the main elements that shaped my personality and, thereafter, my existence.

There I grew up and matured, understanding at an early age the responsibility of duty and the facts of life. When I was about twelve years old, my family left the Bedouin life to seek a new one in a coastal town. We faced the challenge of learning a different lifestyle, with diverse ways of living that I knew nothing about; nevertheless, I had no choice but to adapt quickly.

Wadi Murr was a symbol of the unspoiled desert. It was a place where life was easy and simple, where everybody knew everybody and where the pace of life was not so hurried. It is that place and that way of life that I have missed considerably and that I will never forget.

A FINAL WORD

When you find yourself unable to move one or some parts of the body for any reason, your mind is devoured by many puzzling questions about your personality: Who am I? How can I now interact with my current condition? How can I deal with the material and social environment and overcome it with minimum losses? The most important question of all is: How can I strike a balance between what I want from life and what I want to give it in return?

The questions are many, but there are no easy answers. When contemplating them, it is very difficult to evade their psychological impact. No one other than the wounded can answer these queries, and even they may be able to answer all, few, or none of them.

The injured person is the only one who can make decisions about the course of his or her social and personal life. He or she is the only one who can construct a base over which the relationship between mind and body is erected. He or she has to choose between life with a body that is damaged, and death with a mind that is alive.

Undoubtedly, the beginning is always hard. To benefit as much as possible from life, one must make difficult decisions and must have a strong commitment to overcoming obstacles and opening new horizons. One can choose to accept the shocking disaster and try to adapt, or deny the reality in an attempt to find a way out that will only aggravate the injury and augment the suffering and pains, driving the body to its end very quickly.

For those who have had an accident that turned their life upside down, murdered their dreams, destroyed their hopes and

exploded a shock inside themselves – which affected them, their faith and their level of contentment in such a way that no other calamity could have done, even at the time of their death – it would not be strange to find themselves asking: Why me?

Regardless of the conclusion that they reach after posing that question, and regardless of their ability or inability to answer it, they have to be persuaded to do one thing: to look forward to the future, irrespective of expectations and assumptions. The future, no matter how bleak it seems, will come with its share of pains and sorrows. On the other hand, it might also arrive full of hopes and delights. It might come with some or all of these emotions or arrive with none at all. The fact is that it will come as it has been destined for us, and we have no choice but to face it.

I know that some readers will not agree with me when I say that there is a positive side to having an injury that results in chronic defects in some of the organs of the body, leading to dysfunction and then permanent disability. However, as I have discovered through my experience, when we are satisfied and convinced of the importance of our life, we work to derive as much benefit as we can from it; thus our life becomes more fruitful.

Of course, no one likes to be disabled, possessing a body different from that of others. Still, like all things in life, everything has its positive and negative aspects, like the two sides of a coin. So why not look at the other side of disability? We might even discover something very different on that side.

Today I was searching for appropriate words to conclude my book, words which will leave the readers with a good impression and make them forgive me for not perfecting this literary work.

When I looked out of the window, I was moved by the view of the firm mountains and the swaying sea waves. I listened to the hissing of staggering trees, the laughs of babies outside, the chatting of passersby, and the sounds of a running vehicle.

I thanked Allah (ﷻ) profoundly for endowing me with the blessings of a sound mind and the power to hear and see. I could translate the beauty of the universe into a literary innovation, in which the hissing of trees was a sweet melody, the crashing of waves was a language of joy, and the rising mountains a great literary verse that plants the roots of faith deep inside our hearts.

Mohamed Eid al-Araimi

Sur City, Oman

My official website is <http://www.araimi.com>. If you would like to contact me, please write to the publisher, who will forward your correspondence to me, God willing.

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A Taste of PATIENCE

The writer is a survivor of an accident that altered his life. He is a man who managed to overcome adversity and transform bitterness into personal success, as his literary gains outweighed his physical restrictions. Where his physical condition limited his movements, his art of creative writing opened up a new horizon for him that enabled him to freely interact with his readers. This is a real-life account of how a human can overcome obstacles, giving effect to the epithet: "What does not kill me makes me stronger."

The biography defines patience in two ways: firstly, a bitter experience; and secondly, the ability to tolerate and turn one's misfortune into investment. The accident that the writer suffered has paralysed his body, however, at the same time it has unleashed his writing talents.

Egyptian writer Yousef El-Sharoni

Mohamed Eid Al-Araimi was born in 1954 in Wadi al-Mur in eastern Oman and travelled widely in the Arabian Gulf before obtaining a bachelor's degree in industrial engineering from the U.S. Near dawn one fateful night, en route to his work site in the oil fields of the Omani desert, he had a tragic accident when his car collided with a camel in the road. Faced with severe disabilities, he exerted himself in physical rehabilitation and was eventually able to resume his professional career.

His Arabic writings include the novel *Mark of Chain*, a novella called *Between Desert and Sea*, and a collection of stories entitled *Rainbow*. He also translated George Orwell's *Animal Farm* into Arabic.